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Wildman et al.

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(54) **HYGIENE MONITORING SYSTEM**

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CPC **G08B 21/02** (2013.01); **G06F 19/3418** (2013.01); **G06F 19/3493** (2013.01); **G08B 21/245** (2013.01); **A47K 2005/1218** (2013.01)
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(58) **Field of Classification Search**

None
See application file for complete search history.

(56) **References Cited**

U.S. PATENT DOCUMENTS

4,275,385 A 6/1981 White
4,601,064 A 7/1986 Shipley
4,896,144 A 1/1990 Bogstad
5,016,172 A 5/1991 Dessertine
5,095,925 A 3/1992 Elledge et al.
5,119,104 A 6/1992 Heller
5,199,118 A 4/1993 Cole et al.
5,202,666 A * 4/1993 Knippscheer 340/573.1
5,265,628 A 11/1993 Sage et al.

(Continued)

FOREIGN PATENT DOCUMENTS

DE 19903079 8/2000
GB 2 324 397 10/1998

(Continued)

OTHER PUBLICATIONS

“Opinion and Order” in *Hill-Rom Company, Inc. et al. v. General Electric Company*, filed Jul. 15, 2014, 4 pages.

(Continued)

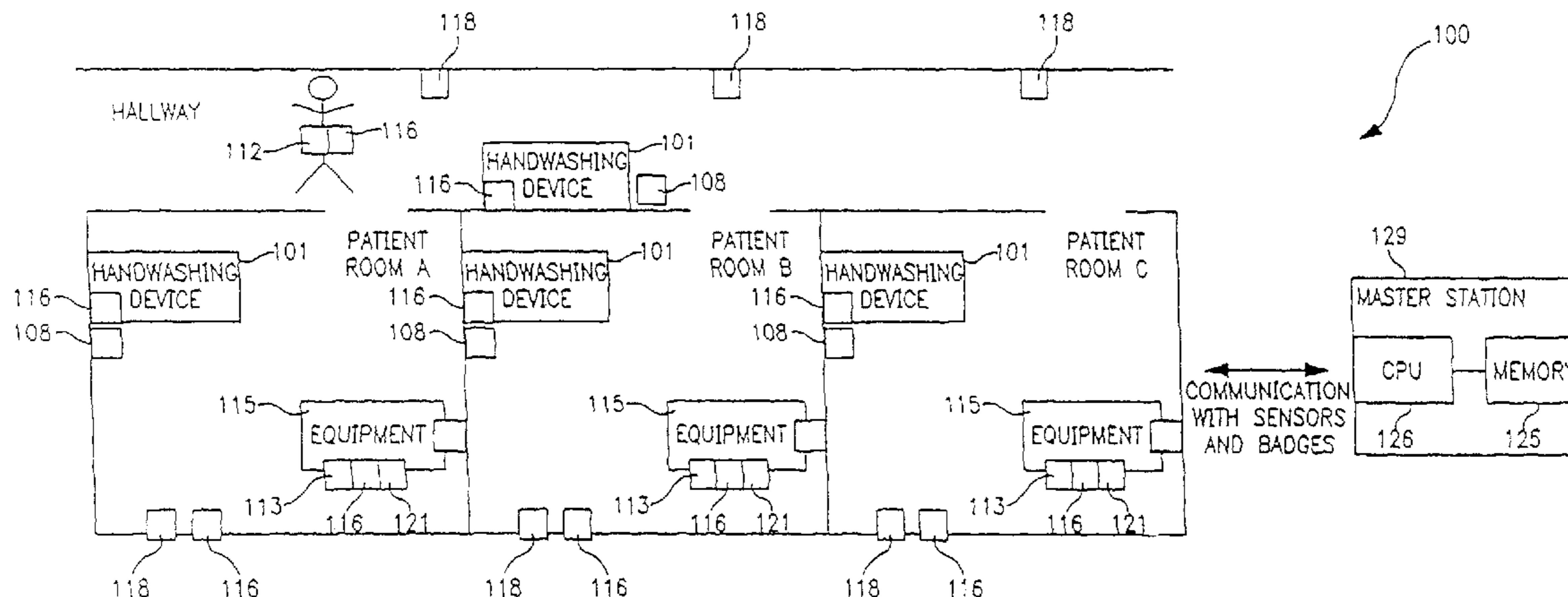
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(57) **ABSTRACT**

A system and method is provided for monitoring hygiene compliance.

27 Claims, 13 Drawing Sheets



Related U.S. Application Data

Aug. 4, 2008, now Pat. No. 7,812,730, which is a continuation of application No. 11/339,378, filed on Jan. 25, 2006, now Pat. No. 7,408,470, which is a continuation of application No. 10/698,652, filed on Oct. 31, 2003, now Pat. No. 7,015,816, which is a continuation of application No. 09/699,796, filed on Oct. 30, 2000, now Pat. No. 6,727,818.

(60) Provisional application No. 60/162,537, filed on Oct. 29, 1999, provisional application No. 60/169,315, filed on Dec. 7, 1999, provisional application No. 60/223,365, filed on Aug. 7, 2000.

(56)

References Cited

U.S. PATENT DOCUMENTS

5,276,496	A	1/1994	Heller et al.	
5,291,399	A	3/1994	Chaco	
5,355,222	A	10/1994	Heller et al.	
5,387,993	A	2/1995	Heller et al.	
5,426,425	A	6/1995	Conrad et al.	
RE35,035	E	9/1995	Shipley	
5,455,851	A	10/1995	Chaco et al.	
5,465,082	A	11/1995	Chaco	
5,515,426	A	5/1996	Yacenda et al.	
5,548,637	A	8/1996	Heller et al.	
5,561,412	A	10/1996	Novak et al.	
5,572,195	A	11/1996	Heller et al.	
5,573,041	A	11/1996	Skell et al.	
5,594,786	A	1/1997	Chao et al.	
5,610,589	A	3/1997	Evans et al.	
5,633,742	A	5/1997	Shipley	
5,670,945	A	9/1997	Applonie	
5,689,229	A	11/1997	Chaco et al.	
5,694,323	A	12/1997	Koropitser et al.	
5,695,091	A	12/1997	Winnings et al.	
5,699,038	A	12/1997	Ulrich et al.	
5,702,115	A	12/1997	Pool	
5,745,272	A	4/1998	Shipley	
5,771,925	A	6/1998	Lewandowski	
5,774,865	A	6/1998	Glynn	
5,781,942	A	7/1998	Allen et al.	
5,785,181	A	7/1998	Quartararo, Jr.	
5,793,653	A	8/1998	Segal	
5,808,553	A	9/1998	Cunningham	
5,812,059	A	9/1998	Shaw et al.	
5,818,617	A	10/1998	Shipley	
5,822,418	A	10/1998	Yacenda et al.	
5,822,544	A	10/1998	Chao et al.	
5,823,447	A	10/1998	Maybach	
5,838,223	A	11/1998	Gallant et al.	
5,862,546	A	1/1999	Kim	
5,870,015	A *	2/1999	Hinkel	340/573.1
5,900,067	A	5/1999	Jones	
5,900,801	A *	5/1999	Heagle et al.	340/286.09
5,939,974	A *	8/1999	Heagle et al.	340/286.09
5,945,910	A *	8/1999	Gorra	340/573.1
5,952,924	A	9/1999	Evans et al.	
5,954,069	A	9/1999	Foster	
5,960,991	A	10/1999	Ophardt	
5,966,753	A	10/1999	Gauthier et al.	
6,000,429	A	12/1999	Van Marcke	
RE36,530	E	1/2000	Heller et al.	
6,031,461	A	2/2000	Lynn	
6,038,331	A	3/2000	Johnson	
6,104,295	A	8/2000	Gaisser et al.	
6,125,482	A *	10/2000	Foster	4/623
6,147,607	A	11/2000	Lynn	
6,154,139	A	11/2000	Heller	
6,195,588	B1	2/2001	Gauthier et al.	
6,211,788	B1	4/2001	Lynn et al.	
6,219,164	B1	4/2001	Morgaine	
6,236,317	B1 *	5/2001	Cohen et al.	340/573.1
6,236,953	B1	5/2001	Segal	

6,278,372	B1	8/2001	Velasco, Jr. et al.	
6,283,759	B1	9/2001	Price et al.	
6,377,868	B1	4/2002	Gardner, Jr.	
6,392,546	B1	5/2002	Smith	
6,399,853	B1	6/2002	Roe et al.	
6,404,837	B1	6/2002	Thompson et al.	
6,426,701	B1 *	7/2002	Levy et al.	340/573.1
6,485,979	B1	11/2002	Kippenhan et al.	
6,519,505	B2	2/2003	Formon	
6,524,390	B1	2/2003	Jones	
6,718,341	B1	4/2004	Berstis et al.	
6,727,818	B1	4/2004	Wildman et al.	
7,015,816	B2	3/2006	Wildman et al.	
7,248,933	B2	7/2007	Wildman	
7,408,470	B2	8/2008	Wildman et al.	
7,450,024	B2	11/2008	Wildman et al.	
7,812,730	B2	10/2010	Wildman et al.	
8,368,544	B2	2/2013	Wildman et al.	
8,598,996	B2	12/2013	Wildman et al.	
2004/0198158	A1 *	10/2004	Driscoll et al.	446/297
2006/0132316	A1	6/2006	Wildman et al.	
2013/0120142	A1	5/2013	Wildman et al.	

FOREIGN PATENT DOCUMENTS

GB	2328867	A	3/1999
WO	WO 93/10311		5/1993
WO	WO 97/31350		8/1997

OTHER PUBLICATIONS

“Transcript of Proceedings,” in *Hill-Rom Company, Inc., et al. v. General Electric Company*, dated Jul. 7, 2014, 103 pages.

“Transcript of Proceedings,” in *Hill-Rom Company, Inc., et al. v. General Electric Company*, dated Aug. 6, 2014, 66 pages.

“General Electric Company’s Answer, Defenses, and Counterclaims to Plaintiffs Complaint for Patent Infringement,” in *Hill-Rom Company, Inc., et al. v. General Electric Company*, filed Aug. 15, 2014, 12 pages.

“Defendant General Electric Company’s First Supplemental Objections and Responses to Plaintiffs’ Interrogatories,” in *Hill-Rom Company, Inc., et al. v. General Electric Company*, dated Aug. 8, 2014, 13 pages.

“Appendices C through C-11 to Defendant General Electric Company’s First Supplemental Objections and Responses to Plaintiffs’ Interrogatories,” in *Hill-Rom Company, Inc., et al. v. General Electric Company*, dated Aug. 8, 2014, 180 pages.

“Appendices D through D-11 to Defendant General Electric Company’s First Supplemental Objections and Responses to Plaintiffs’ Interrogatories,” in *Hill-Rom Company, Inc., et al. v. General Electric Company*, dated Aug. 8, 2014, 69 pages.

Complaint, *Hill-Rom Company, Inc., Hill-Rom Services, Inc. and Hill-Rom Manufacturing, Inc. Plaintiffs, v. General Electric Company*, Defendant, filed May 2, 104—Case No. 2:14CV187.

“Plaintiff’s Reply Brief on Claim Construction” in *Hill-Rom Company, Inc. et al. v. General Electric Company*, filed on Jul. 31, 2014, 20 pages.

“Defendant General Electric Company’s Responsive Claim Construction Brief” in *Hill-Rom Company, Inc. et al. v. General Electric Company*, filed on Jul. 31, 2014, 18 pages.

Plaintiffs’ Opening Brief on Claim Construction, *Hill-Rom Company, Inc., Hill-Rom Services, Inc., and Hill-Rom Manufacturing, Inc. v. General Electric Company*, filed Jul. 24, 2014, 29 pages.

Defendant General Electric Company’s Opening Claim Construction Brief, *Hill-Rom Company, Inc., Hill-Rom Services, Inc., and Hill-Rom Manufacturing, Inc. v. General Electric Company*, filed Jul. 24, 2014, 33 pages.

Broughall, et al., “An automatic monitoring system for measuring handwashing frequency in hospital wards,” *Journal of Hospital Infection* (1984) 5, 447-453, 7 pages.

Pittet, “Improving Adherence to Hand Hygiene Practice: A Multidisciplinary Approach,” *Emerging Infectious Diseases*, vol. 7, No. 2, Mar.-Apr. 2001, 7 pages.

(56)

References Cited

OTHER PUBLICATIONS

“Cyro-Cell affiliate announces successful testing of world’s first infrared hand washing monitoring system,” memo, Business Wire, Inc., May 13, 1997, 1 page.

“Plaintiffs Hill-Rom Company, Inc., Hill-Rom Services, Inc., and Hill-Rom Manufacturing, Inc.’s Motion for Preliminary Injunction”, filed May 8, 2014, 8 pages.

“Memorandum of Law in Support of Plaintiffs Motion for Preliminary Injunction”, filed May 8, 2014, 32 pages.

“Declaration of Timothy Wildman”, filed May 8, 2014, 23 pages.

“Declaration of Robin A. Felder, Ph.D.”, filed May 8, 2014, 100 pages.

“Defendant General Electric Company’s Opposition to Hill-Rom’s Motion for Preliminary Amendment”, filed Jun. 23, 2014, 32 pages.

“Declaration of Gill R. Tsouri, Ph.D.”, filed Jun. 23, 2014, 91 pages.

“Reply in Support of Plaintiffs’ Motion for Preliminary Injunction”, filed Jul. 3, 2014, 31 pages.

“Reply Declaration of Bradley N. Reiff”, filed Jul. 3, 2014, 25 pages.

“Reply Declaration of Adam McMullin”, filed Jul. 3, 2014, 12 pages.

“Supplemental Declaration of Robin A. Felder, Phd”, filed Jul. 3, 2014, 74 pages.

Carol Hildenbrand, *One Hand Better Wash The Other*, CIO Enterprise, Oct. 15, 1997 (1 page).

Kathleen G. Tatterson, *Employees Can’t Wash Away Restroom Sensor*, Photonics Spectra, Jul. 1997 (1 page).

Marian Burros, *Wash Up: Big Brother Is Now In The Bathroom*, New York Times, Nov. 19, 1997 (1 page).

John Hendren, *Hand-washing detection system to get dirt on employees*, Business @marillo Globe-News, May 20, 1997 (3 pages).

Robert O’Harrow Jr., *Big Brother in the Bathroom?*, Washingtonpost.com, Aug. 30, 1997; p. A01 (3 pages).

Joni A. Mayer et al., *Increasing Handwashing in an Intensive Care Unit*, Infection Control 1986/vol. 7, No. 5 (4 pages).

Elaine Larson et al., *Effect of an Automated Sink on Handwashing Practices and Attitudes in High-Risk Units*, Infection Control and Hospital Epidemiology, Jul. 1991 (7 pages).

Elaine Larson, *Hand Washing—It’s Essential—Even When You Use Gloves*, American Journal of Nursing, Jul. 1989 (8 pages).

Marian K. Fox et al., *How Good Are Hand Washing Practices?*, American Journal of Nursing, Sep. 1974 (3 pages).

William M. Marcil, *Handwashing Practices Among Occupational Therapy Personnel*, The American Journal of Occupational Therapy, vol. 47, No. 6, Jun. 1993 (6 pages).

High-tech Hygiene: Monitoring System to Badger Employees Who Don’t Wash Hands, The Spokesman-Review, Sep. 1, 1997 (2 pages).

Business Wire, *Net/Tech to unveil patented Hygiene Guard Hand-Washing Monitoring System at the National Restaurant Show*, Apr. 3, 1997 (2 pages).

Hygiene Guard description from the Captology website, Stanford University, <http://www-pcd.stanford.edu/captology/resources/cep/catalog/hg.html>, Oct. 9, 1999 (“Captology”), available at <https://web.archive.org/web/19991009104253/http://www-pcd.stanford.edu/captology/resources/cep/catalog/hg.html> (1 page).

“General Electric Company’s Response to Hill-Rom’s Preliminary Injunction Request.” *Hill-Rom Company, Inc., et al. v. General Electric Company* (119 pages).

“Joint Stipulation and Agreed Order of Dismissal,” in *Hill-Rom Services, Inc. v. General Electric Company*, dated Aug. 19, 2014 (2 pages).

* cited by examiner

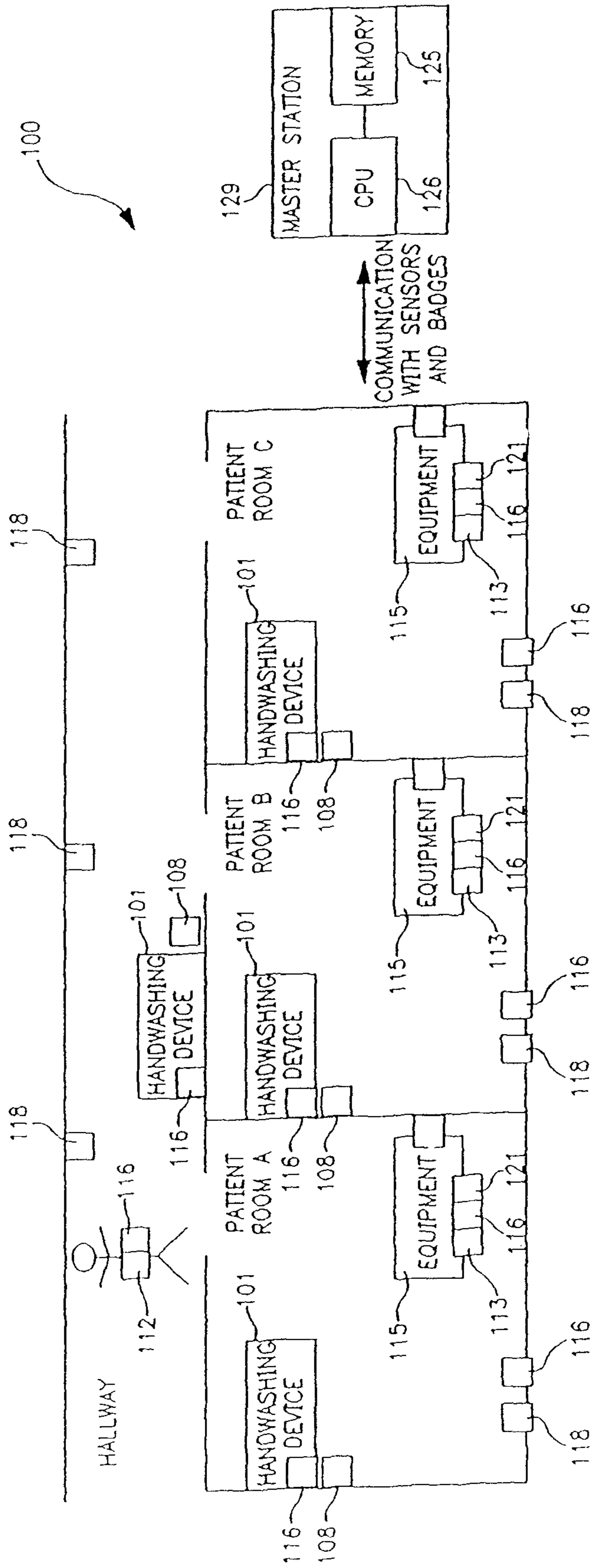


FIG. 1

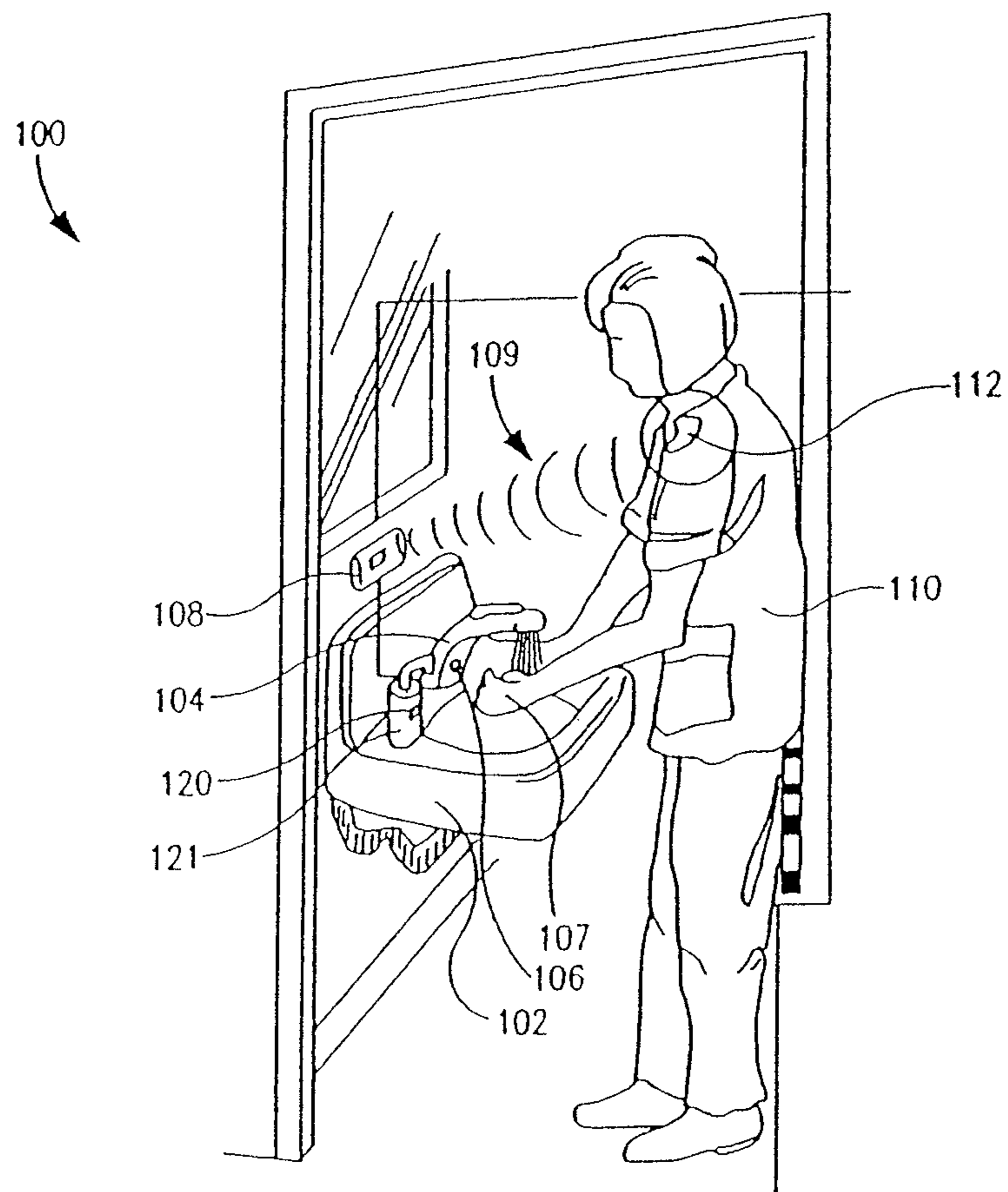
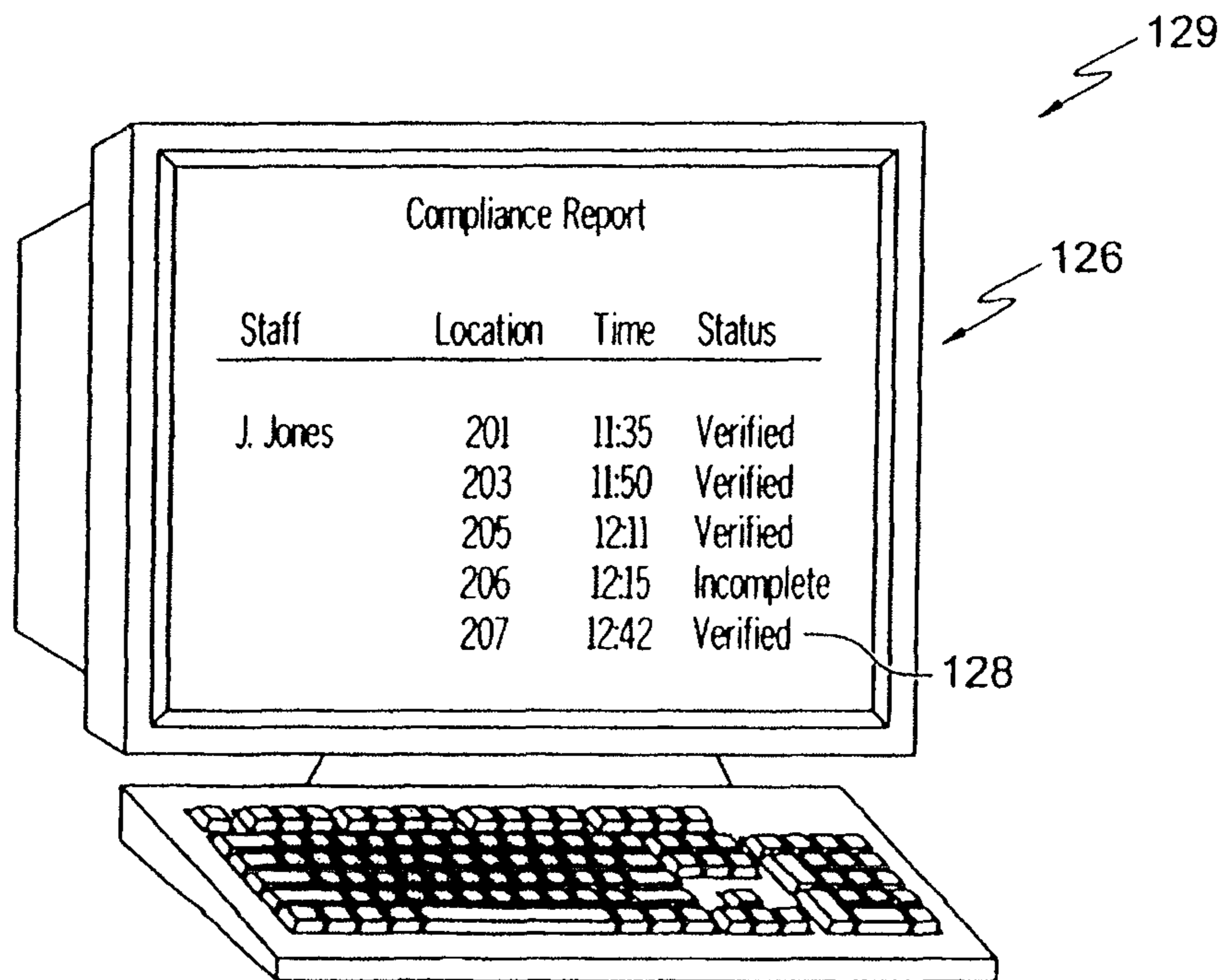
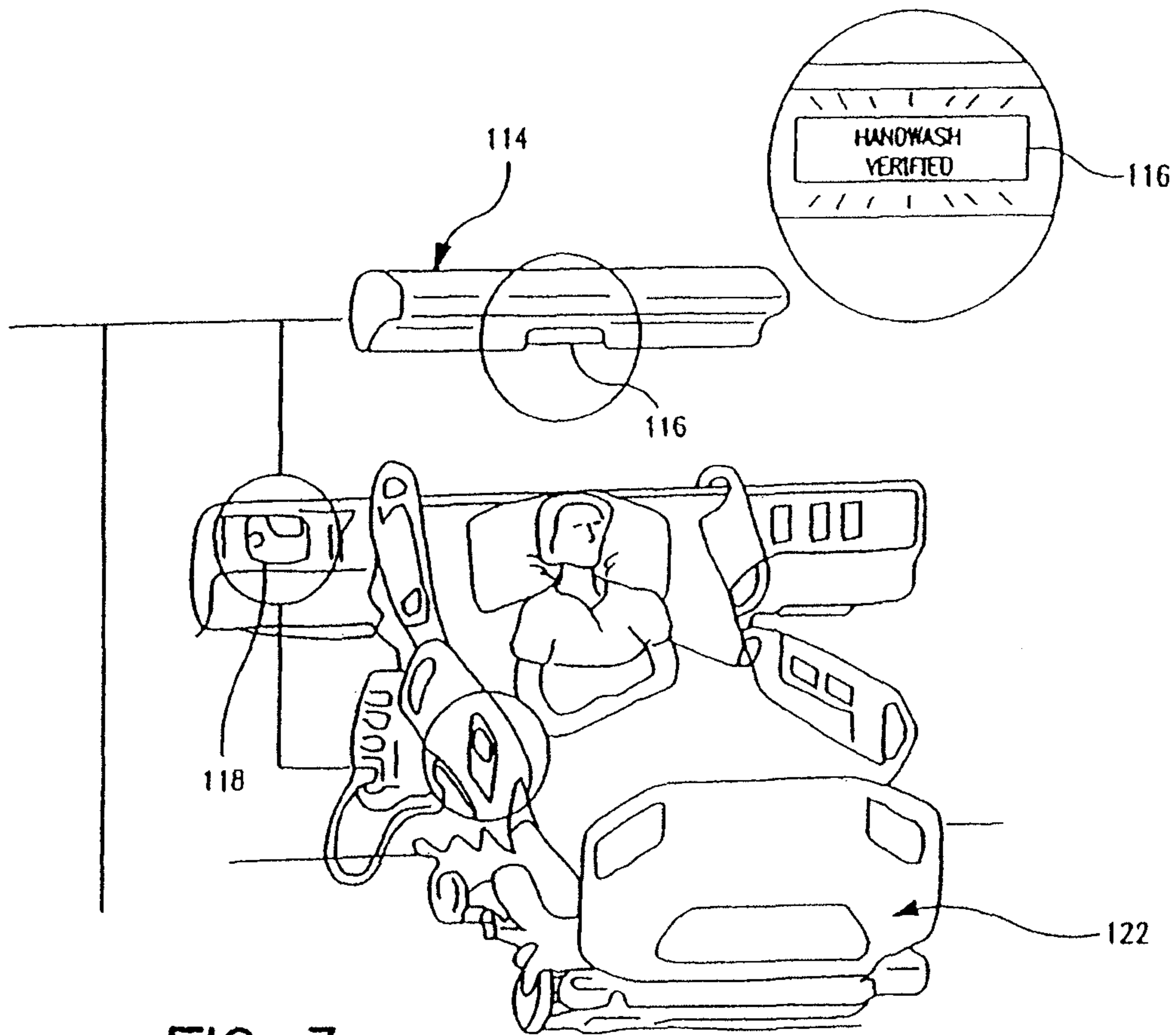


FIG. 2



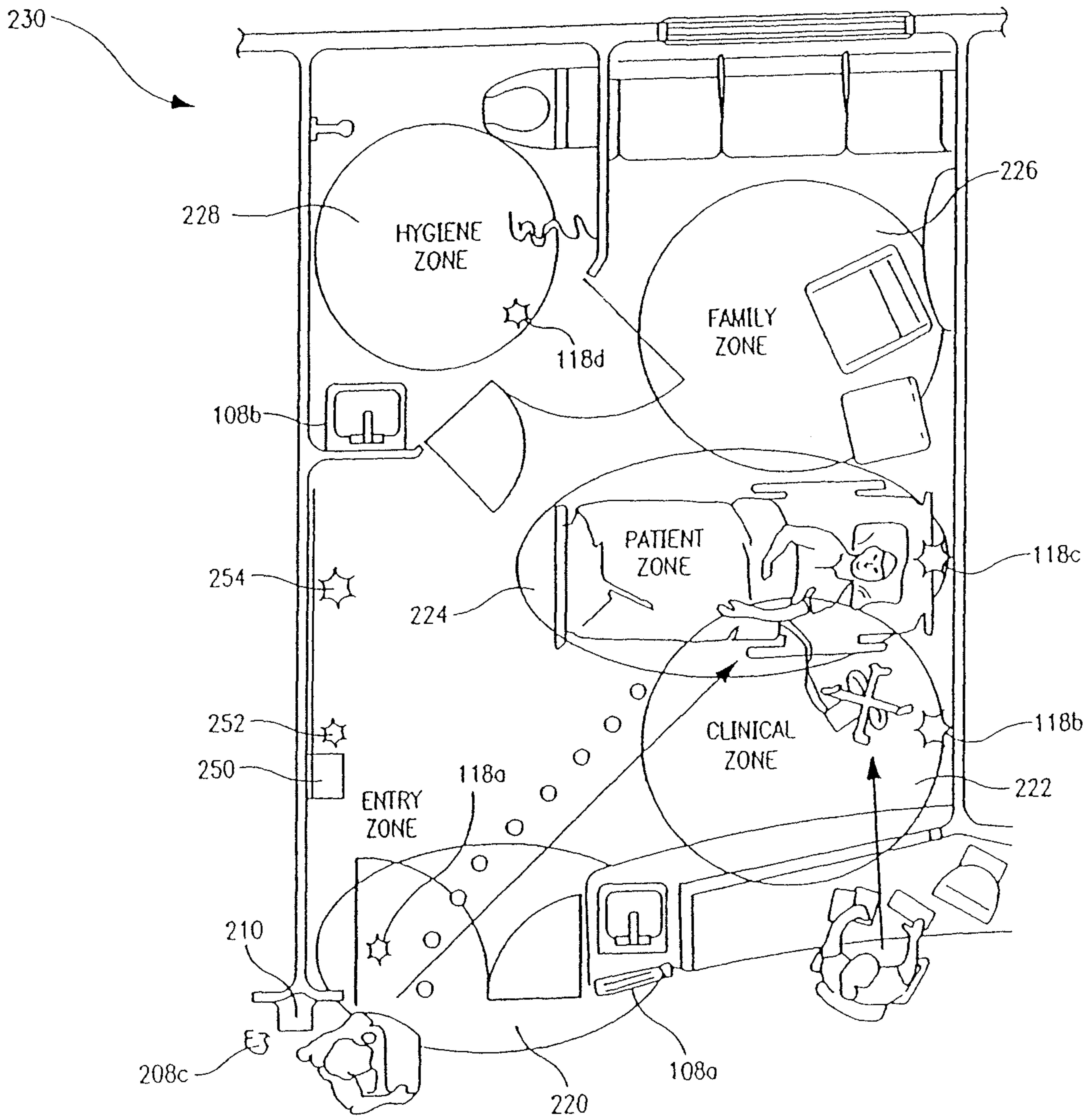
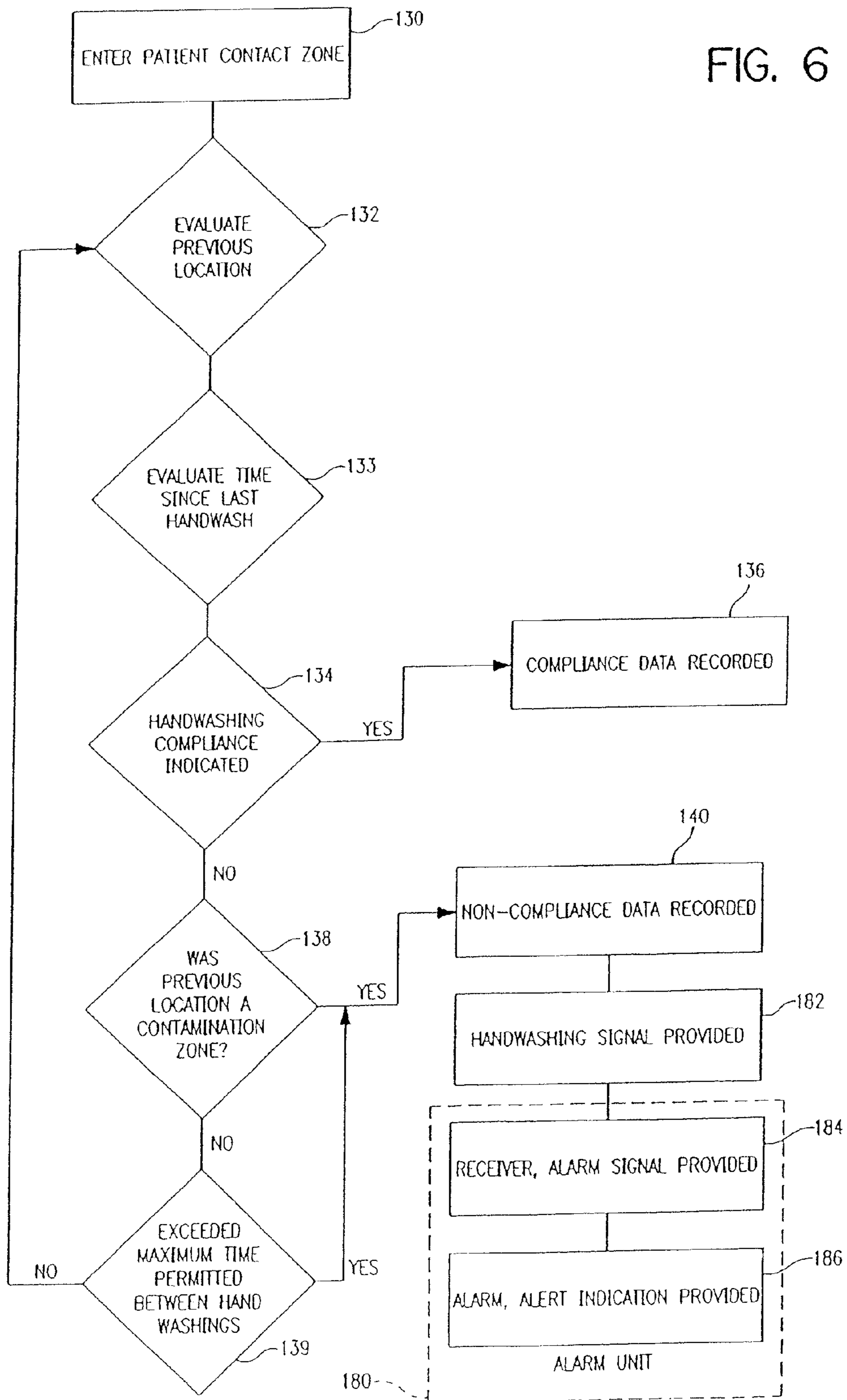


FIG. 5

FIG. 6



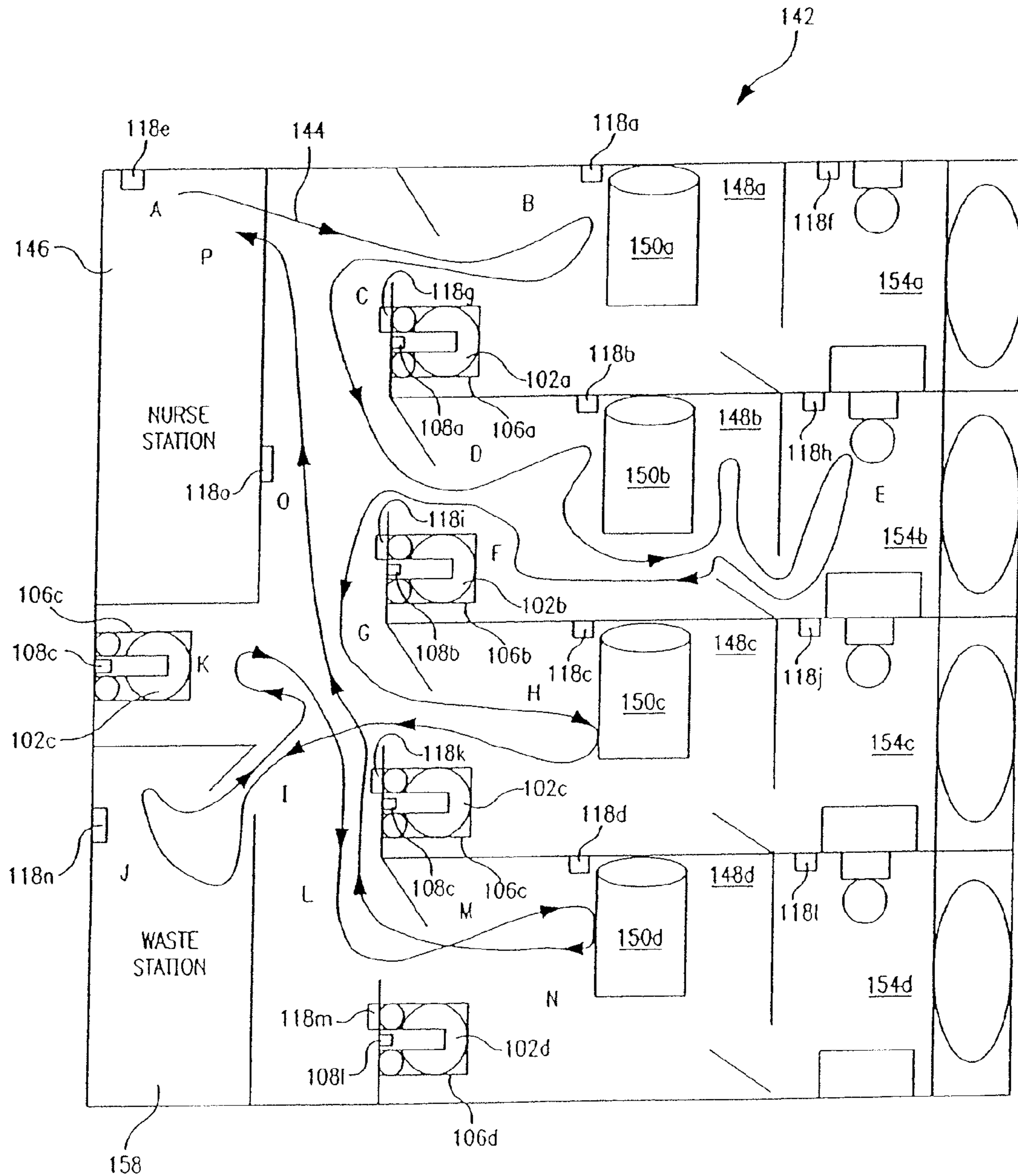


FIG. 7

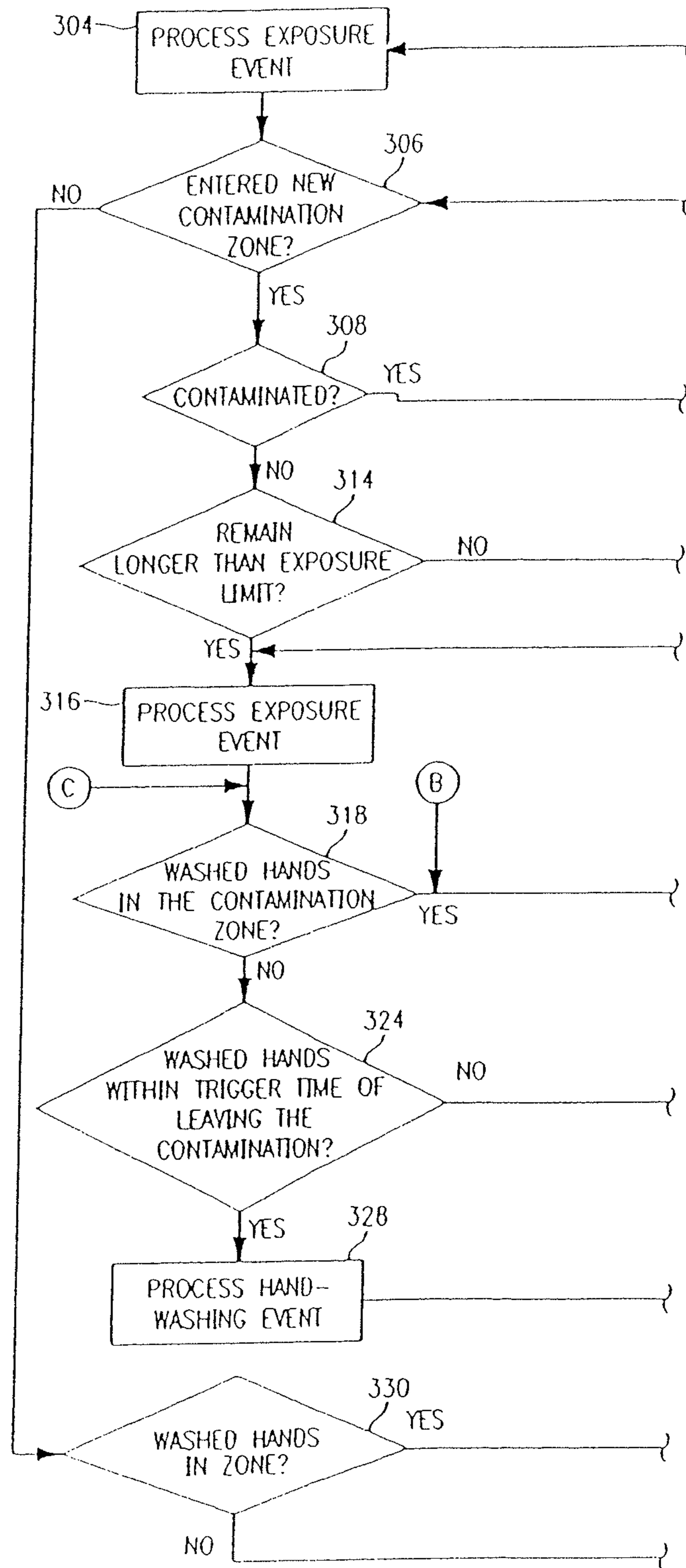


FIG. 8A

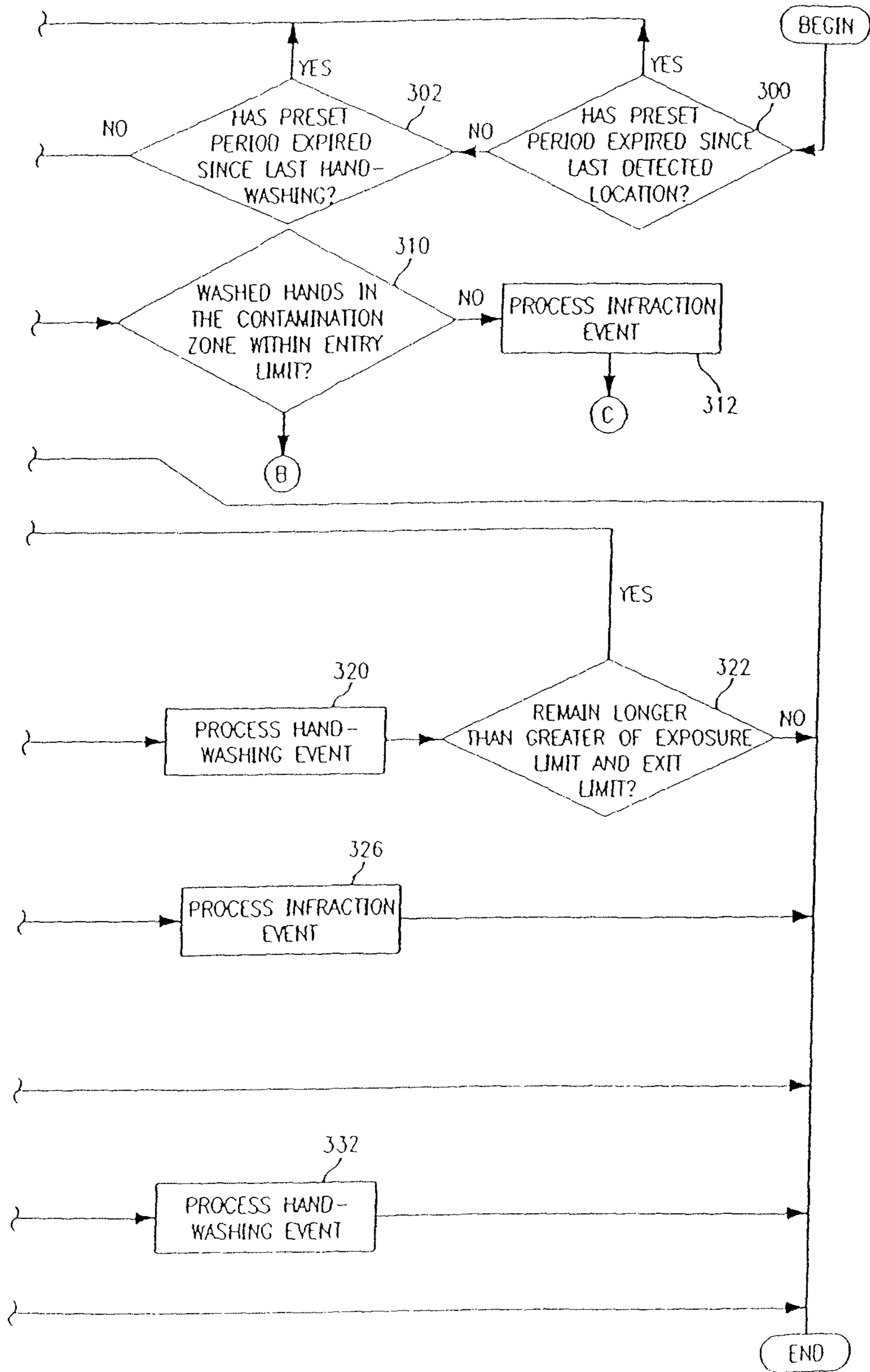


FIG. 8B

REPORT #1

HOSPITAL SUMMARY REPORT
 Time Period: 10/01/99 to 11/01/99
 Compliance Rating: 80%

Dept	Visitations	Compliance
CCU	2000	73%
MedSurg	5000	40%
ICU	1500	70%
CVICU	1000	85%

Hospital Summary Report: Will give a summary of the compliance to handwashing guidelines for the Hospital and specific department within a healthcare environment. The purpose of the report is to identify Departments within the Hospital who have the most difficulty with compliance so that corrective action can be taken.

FIG. 10

REPORT #2

DEPARTMENT SUMMARY REPORT
 Dept: Critical Care Unit 52
 Time Period: 10/01/99 to 11/01/99
 Dept. Compliance Rating: 73%

Location	Visitations	Compliance
201	350	80%
203	540	80%
205	350	50%
206	540	80%
207	350	90%

Department Summary Report: Will give a summary of the compliance to handwashing guidelines for a specific department within a healthcare environment. The purpose of the report is to identify area within the unit and groups of caregivers who have the most difficulty with compliance so that corrective action can be taken.

Number of times caregivers entered into a zone where handwashing was required

ID	Group	Visitations	Compliance
0100	Visiting Physicians	1350	50%
0200	Nursing	5500	95%
0300	Visitors	550	50%

This section allows quick identification of each groups contributions to the overall compliance rating

FIG. 11

REPORT #3

GROUP SUMMARY REPORT
 Dept: Critical Care Unit 52
 Group: Visiting Physician
 Time Period: 10/01/99 to 11/01/99
 Dept. Compliance Rating: 50%

Group Summary Report: Will give a summary of the compliance to handwashing guidelines for a specific group of caregivers within a healthcare environment. The purpose of the report is to identify area within the Unit where with compliance is lowest so that corrective action can be taken with a specific Group of caregivers

Location	Visitations	Compliance
201	300	25%
203	200	75%
205	500	50%
206	200	80%
207	150	30%

ID	Group	Visitations	Compliance
0001	Dr. Jon Smith	100	56%
0002	Dr. Marry Jones	200	93%
0003	Dr. Timothy D. Wildman	550	38%
0004	Dr. Dennis Gallant	500	45%

This section allows quick indentification of each Individual's contribution to the Group's overall compliance rating

FIG. 12

REPORT #4

INDIVIDUAL SUMMARY REPORT

ID: 012345

Person: Dr. Jon Smith

Dept. Critical Care Unit 52

Group: Visiting Physican

Time Period: 10/01/99 to 11/01/99

Dept. Compliance Rating: 56%

Location	Visitations	Compliance
201	10	10%
203	30	
205	5	30%
206	20	60%
207	15	20%

Individual Summary Report: Will give a summary of the compliance to handwashing guidelines for a specific individual within a healthcare environment. The purpose of the report is to identify area within the unit where an individual may be having the most difficulty with compliance so that corrective action can be taken.

Each zone within Department or Hospital will be given a specific indentification number such that on understanding to where the infractions can be captured.

FIG. 13A

REPORT #4

INDIVIDUAL DETAILED COMPLIANCE REPORT

ID: 012345

Person: Dr. Jon Smith

Dept. Critical Care Unit 52

Group: Visiting Physican

Time Period: 10/01/99 11:30 to 13:45

Compliance Rating: 80%

Location	Time	Status
201	11:35	Verified
203	11:50	Verified
205	12:11	Verified
206	12:15	Incomplete
207	12:42	Verified

Individual Detailed Compliance Report: Will give a summary of the compliance to handwashing guidelines fo a specific individual over a specific lime frame within a healthcare environment. The purpose of the report is to understand traffic patterns of an individual to that greater insight as to why compliance is not occurring can be gained.

FIG. 13B

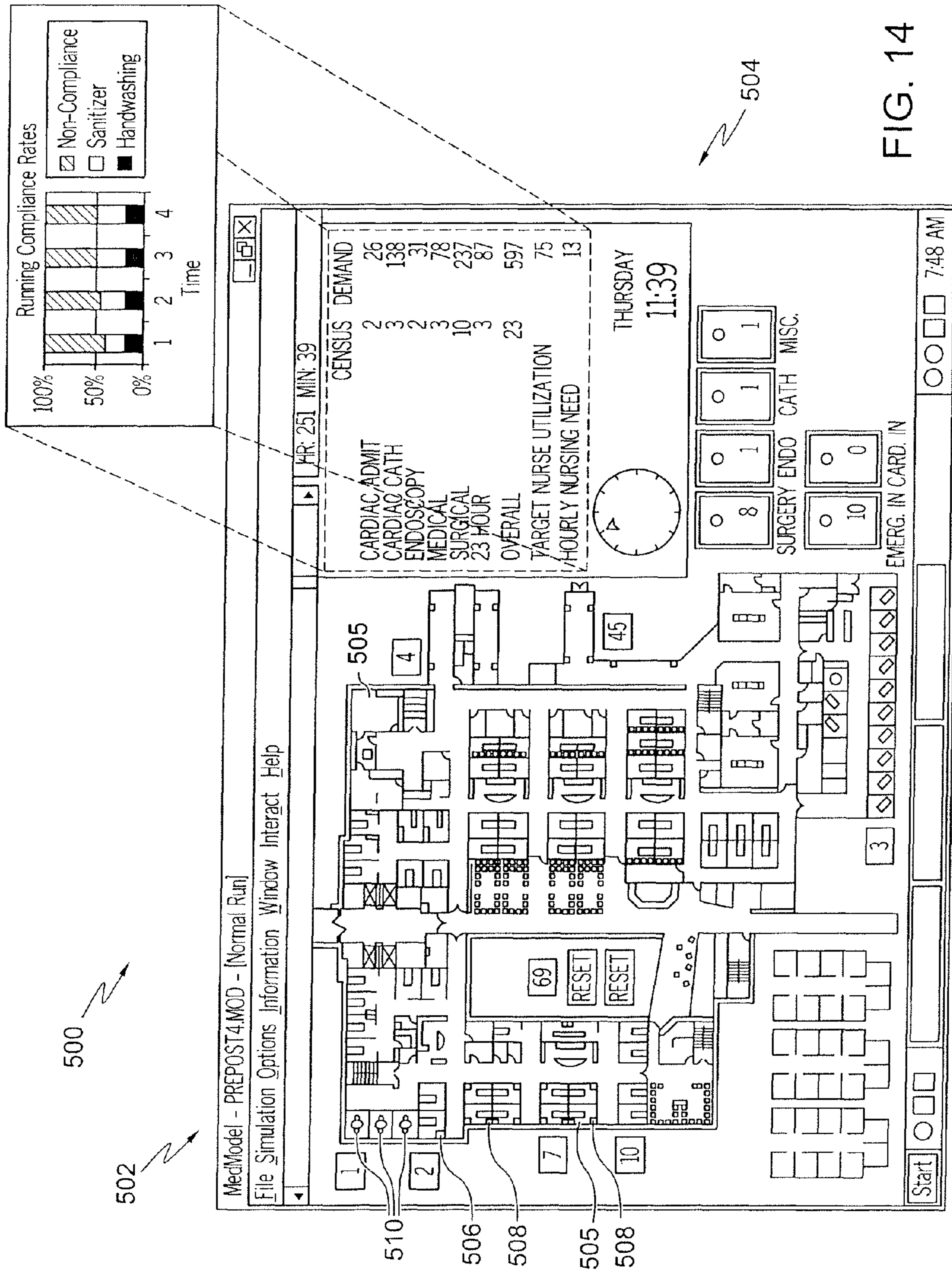


FIG. 14

HYGIENE MONITORING SYSTEM**CROSS REFERENCE TO RELATED APPLICATIONS**

This application is a continuation of U.S. application Ser. No. 13/734,328, filed Jan. 4, 2013, now U.S. Pat. No. 8,598,996, which is a continuation of U.S. application Ser. No. 12/901,891, filed Oct. 11, 2010, now U.S. Pat. No. 8,368,544, which is continuation of U.S. application Ser. No. 12/185,556, filed Aug. 4, 2008, now U.S. Pat. No. 7,812,730, which is a continuation of U.S. application Ser. No. 11/339,378, filed Jan. 25, 2006, now U.S. Pat. No. 7,408,470, which is a continuation of U.S. application Ser. No. 10/698,652, filed Oct. 31, 2003, now U.S. Pat. No. 7,015,816, which is a continuation of U.S. patent application Ser. No. 09/699,796, filed Oct. 30, 2000, now U.S. Pat. No. 6,727,818, which claims the benefit of U.S. Provisional Application No. 60/162,537, filed Oct. 29, 1999, and claims the benefit of U.S. Provisional Application No. 60/169,315, filed Dec. 7, 1999, and claims the benefit of U.S. Provisional Application No. 60/223,365, filed Aug. 7, 2000; and all of the foregoing patents and patent applications are hereby incorporated herein by reference in their entirety.

TECHNICAL FIELD

The present invention relates to a system for monitoring compliance with hygiene policies.

BACKGROUND

Systems to promote hygiene have been used in the health-care industries as well as the food processing and preparation industries. See for example, U.S. Pat. No. 6,125,482, U.S. Pat. No. 6,038,331, U.S. Pat. No. 5,966,573, U.S. Pat. No. 5,952,924, U.S. Pat. No. 5,954,069, U.S. Pat. No. 5,945,910, U.S. Pat. No. 5,939,974, U.S. Pat. No. 5,900,801, U.S. Pat. No. 5,812,059, U.S. Pat. No. 5,793,653, U.S. Pat. No. 5,781,942, U.S. Pat. No. 5,610,589, U.S. Pat. No. 5,202,666, and U.S. Pat. No. 5,199,118.

SUMMARY

Hygiene monitoring systems, which incorporate various features of the present invention, monitor location of persons in a facility, location of equipment in the facility, activities performed by persons in the facility, activities performed by equipment in the facility, and/or activities performed on equipment in the facility. From such gathered information, the hygiene monitoring systems determine whether certain actions (e.g. washing of a person's hands, washing of a piece of equipment) need to take place in order to comply with a hygiene policy defined for the facility. The hygiene monitoring systems may evaluate level of compliance with the hygiene policy, and provide persons with information (e.g. alerts, reminders, etc.) which aid in increasing the level of compliance with the hygiene policy.

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 shows a block diagram of a hygiene monitoring system which incorporates various features of the present invention therein;

FIG. 2 shows a caregiver wearing a badge interacting with a handwashing device of the hygiene monitoring system;

FIG. 3 shows a patient room and exemplary alarm units of the exemplary hygiene monitoring system;

FIG. 4 shows an exemplary hygiene compliance report being displayed by an exemplary master station of the exemplary hygiene monitoring system;

FIG. 5 shows a pictorial representation of a multi-zonal patient room;

FIG. 6 shows a flowchart representation of first handwashing logic used by the hygiene monitoring system;

FIG. 7 shows an exemplary path that a caregiver may take through a facility over a period of time;

FIG. 8 is presented as FIG. 8a and FIG. 8b that together show a flowchart representation of second handwashing logic which may be used by the hygiene monitoring system;

FIG. 9 shows a flowchart representation of equipment decontamination logic which may be used by the hygiene monitoring system;

FIG. 10 shows a sample hospital summary compliance report;

FIG. 11 shows a sample department summary compliance report;

FIG. 12 shows a sample group summary compliance report;

FIG. 13A shows a sample individual summary compliance report;

FIG. 13B shows a sample individual detailed compliance report; and

FIG. 14 shows an exemplary user interface of the hygiene monitoring system.

DETAILED DESCRIPTION

While the invention is susceptible to various modifications and alternative forms, exemplary embodiments thereof have been shown by way of example in the drawings and will herein be described in detail. It should be understood, however, that there is no intent to limit the invention to the particular forms disclosed, but on the contrary, the intention is to cover all modifications, equivalents, and alternatives falling within the spirit and scope of the invention as defined by the appended claims.

Hygiene Monitoring System Architecture

FIGS. 1-4 illustrate an exemplary hygiene monitoring system 100 which incorporates various features of the present invention therein. In general, the hygiene monitoring system 100 is operable to monitor compliance with a particular hygiene policy defined for a facility. To this end, the exemplary hygiene monitoring system 100 includes handwashing devices 101, sensors 108 associated with the handwashing devices 101, caregiver badges 112, equipment badges 113 for monitoring equipment 115, alert indicators 116, sensors 118 operable to communicate with caregiver badges 112 and equipment badges 113, usage sensors 119 associated with monitored equipment 115, cleaning sensors 121 associated with monitored equipment 115, and a master station 129.

The master station 129 includes memory 125, a processing unit 126 and software stored in the memory 125. The software when executed by the processing unit 126 generally causes the master station 129 to monitor persons and equipment within the facility to monitor compliance with a hygiene policy defined for the facility. More specifically the master station 129 is operable to generate a compliance report 128 based upon the processing of data by the central processing unit 126. Examples of compliance reports are shown in FIGS. 4, 10-12, 13A, 13B, and 14. Further, the master station 129 may be hardwired to the sensors 108, 118, 119, 121 in order to receive and/or transmit information therebetween. Alter-

natively, the master station **129** may communicate wirelessly with the sensors **108, 118, 119, 121**.

The caregiver badges **112** are generally worn by persons to be monitored such as caregiver **110** shown in FIG. 2. The caregiver badges **112** are generally operable to communication identification information to the sensors **108, 118**. Accordingly, the badges **112** and the sensors **108, 118** generally each include a receiver, a transmitter, a combination transmitter and receiver, a transceiver, or other receiving or transmitting mechanisms suitable for communicating identification information between the badges **112** and the sensors **108, 118**.

For example, each badge **112** of the exemplary embodiment includes an infrared (IR) transmitter which transmits an identification signal **109**, which may include, for example an identification code specific to the person wearing the badge **112**. Further, each sensor **108, 118** of the exemplary embodiment includes a receiver operable to receive the identification signals **109** transmitted by badges **112**. Further, each sensor **108, 118** is operable to forward the information received to the master station **129**. In this manner, the location of each caregiver **110** wearing a badge **112** may be tracked as the caregiver **110** moves throughout the facility. Besides providing the master station **129** with identification information about the caregiver **110**, functions (e.g. deactivating a nurse call light) may be triggered upon reception of the identification signal by a sensor **118** associated with the function (e.g. a sensor in the patient room associated with the nurse call light).

In an exemplary embodiment, each badge **112** includes an IR transmitter. The IR transmitter transmits the identification signal **109** to master station **129** via the sensors **108, 118**. For example, as diagrammatically illustrated in FIG. 2, the IR transmitter of a badge **112** transmits the identification signal **109** to an IR receiver of a sensor **108** mounted above a handwashing device such as sink **102**. The sensor **108** then provides the information received via the identification signal **109** to the master station **129** for further processing and recording.

Each badge **112** may further include an RF transmitter which also transmits the identification signal **109** to the master station **129**. The advantage of transmitting using both the IR and RF transmitters is that if the IR transmitter becomes obscured the RF signal should still be detectable. The RF transmitter may also be used to transmit an alert signal in response to the pressing of a button on the badge **112**.

Each badge **112** may further include an RF receiver that is operable to receive a signal, such as handwash signal **184** in FIG. 5, from the master station **129**, wherein the signal includes the identification information for the badge **112** and status information about the caregiver **110** wearing the badge **112**. The status information relates to the caregiver's compliance with the handwashing standards. Dependent upon the type of status received, the badge **112** is operable to activate either a visual, audible or tactile alert indicator **116**.

In one embodiment of the hygiene monitoring system **100**, visitors and patients are also provided with badges **112** so that their movements throughout the facility may be monitored. In such an embodiment, visitors and patients are given active badges which actively transmit an identification signal. In an alternative embodiment, visitors and patients are given passive badges which transmit an identification signal when polled by anyone of a plurality of transmitters located throughout the facility. The advantage of the passive badges are that they are relatively inexpensive and have a limited read range (approximately nine feet). The limited read range of the passive badges allows the location of the visitors and patients

(or other objects) to be tracked more closely. By providing badges **112** to visitors the system is able to track the exposure each visitor and hence the patient's they come in contact with has had with other contamination zones. Additionally, providing badges **112** to the patients allows the system to track the exposure each patient has with other contamination zones within the facility as the patient moves about the facility.

The equipment badges **113** are generally attached to equipment **115** (e.g. IV pumps, ventilators, carts, diagnostic equipment, or the like) to be monitored by the hygiene monitoring system **100** and generally enable the location of equipment **115** to be tracked throughout the facility. The equipment badges **113** are generally operable to communicate identification information to the sensors **118**. Accordingly, the badges **113** and the sensors **118** generally each include a receiver, a transmitter, a combination transmitter and receiver, a transceiver, or other receiving or transmitting mechanisms suitable for communicating identification information between the badges **113** and the sensors **118**. As a result of providing the hygiene monitoring system **100** with information concerning the location of equipment **115**, the hygiene monitoring system **100** may further base determinations of hygiene compliance based upon the location of the equipment **115** and/or persons' interactions with such equipment **115**.

The usage sensors **119** are generally associated with equipment **115** in the facility and generally enable the hygiene monitoring system **100** to monitor the use of such equipment **115**. For example, the usage sensors **119** may be attached to the electrical plug of the equipment **115** to determine whether the equipment **115** is drawing a current. Further, the usage sensors **119** may be included in the equipment badge **113** or be separate from the equipment badge **113** attached to the equipment **115**. The usage sensors **119** enable the hygiene monitoring system **100** to base determinations of hygiene compliance upon actual use of equipment **115**. Furthermore, by reporting when the equipment **115** is activated and deactivated, the usage sensors **119** enable the hospital to charge patients for the actual amount of time the equipment **115** was used instead of utilizing national averages based on the type of illness of the patient.

Likewise, the cleaning sensors **121** are generally associated with equipment **115** in the facility and generally enable the hygiene monitoring system **100** to monitor cleaning of such equipment **115** by providing the hygiene monitoring system **100** with information associated with the cleaning of the equipment **115**. For example, the cleaning sensors **121** may be implemented as a switch or button which when activated provides the master station **129** with information indicating that there as been an attempt to clean the equipment **115**. Alternatively, the cleaning sensors **121** may be implemented to detect moisture and/or physical contact associated with the cleaning process. In an exemplary embodiment, the master station **129** and/or the cleaning sensor **121** further ensures that adequate cleaning of the equipment **115** has been performed by requiring that the person cleaning the equipment **115** be in the proximity of the equipment **115** for a minimum amount of time and/or moisture associated with the cleaning process be detected for the minimum amount of time and/or physical contact associated with the cleaning process be detected for the minimum amount of time.

The equipment badges **113** may be implemented in the same manner as the caregiver badges **112**. Alternatively, the equipment badges **113** may be implemented with general active badges which actively transmit a signal including the state of the associated usage sensor **119**, the state of the associated cleaning sensor **121** and identification information

associated with the equipment **115**. As yet another alternative, the equipment badges **113** may be implemented as passive badges which transmit a signal including the state of the associated usage sensor **119**, the state of the associated cleaning sensor **121** and the identification information for the equipment **115** when polled by the hygiene monitoring system **100**. To support the passive badge embodiment, the hygiene monitoring system **100** may include transmitters in the patient room to poll the passive badges. The transmitters, in one embodiment, further include an associated sensor to detect the signals transmitted by the badges.

The badges **112**, **113** and sensor **108**, **118** may further utilize anti-collision technology which allows for information to be transferred between a single sensor **108**, **118** and multiple badges **112**, **113** in a simultaneous or pseudo-simultaneous (e.g. TDMA, CDMA) manner. Any commercially available anti-collision technology may be used. Use of this technology allows for several badges **112**, **113** to be detected at the same time by the same sensor **108**, **118** thereby providing the hygiene monitoring system **100** with the ability to identify caregivers and equipment **115** in close proximity to one another and accurately track their respective hygiene status. Thus, when a team of doctors and nurses is caring for a patient, the hygiene monitoring system **100** is able to identify the individual persons within the group of caregivers and monitor their hygiene status. Likewise, the hygiene monitoring system **100** is operable to determine individual persons of a group of persons in front of a particular handwashing device **101** during a handwashing.

Additional details concerning the structure and function of a suitable system for locating and tracking persons and which may be utilized to support various other features of the present invention are disclosed in U.S. Pat. No. 5,561,412, the disclosure of which is hereby incorporated by reference. Another location and tracking system is disclosed in U.S. Pat. No. 6,344,794 which is hereby incorporated by reference. Additional location and tracking systems are disclosed in U.S. Pat. Nos. 4,275,385; 4,601,064; Re 35,035; 5,633,742; 5,745,272; 5,818,617; 5,119,104; 5,387,993; 5,548,637; 5,572,195; 5,291,399; 5,455,851; 5,465,082; 5,515,426; 5,594,786; 5,689,229; 5,822,418; 5,822,544; 5,699,038 and 5,838,223.

Shown in FIG. 2 is an exemplary sink **102** which may be used to implement the handwashing devices **101** of the present invention. As shown in FIG. 2, the exemplary sink **102** includes a "hand free" faucet **104** having an IR sensor and a faucet monitoring device **106**. However, it is within the scope of the present invention to include a faucet **104** which is not "hands free" and a separate IR sensor or an IR sensor that is activated upon activation of the faucet **104**. Water is dispensed from faucet **104** when the presence of the caregiver's hands **107** are detected by faucet monitoring device **106** or when the caregiver otherwise activates faucet **104**. The IR sensor of the "hands free" faucet **104** senses the heat (IR energy) radiated from caregiver hands **107**. The sensed heat is an indication to faucet monitoring device **106** that hands **107** are positioned below the faucet and are ready to be wetted. Upon activation of faucet **104** a washing compliance signal is generated and forwarded to master station **129** by faucet monitoring device **106**.

Alternatively, the faucet monitoring device **106** may include a photosensor or other type of non-contact sensor. Additionally, a sensor may be mounted within faucet **104** to determine when water is expelled from faucet **104**. Yet another alternative faucet monitoring device **106** includes a sensor **120** on a soap dispenser **121** to monitor the usage of soap during the handwashing. Faucet monitoring device **106**

could include multiple sensors such as an IR sensor to sense the presence of hands **107** and a soap dispenser sensor **120** to detect the usage of soap during washing.

The compliance signal generated by faucet monitoring device **106** and the identification signal received by sensor **108** combine to provide information about the identity of caregiver **110** in front of sink **102** and whether or not caregiver **110** washed his/her hands **107**. Both signals are generated and recorded without any input required from caregiver **110**. In the exemplary embodiment, the compliance signal is generated over eleven input lines which connect faucet monitoring device **106** with sensor **108**, one line for each bit. The first eight bits communicate data from the faucet monitoring device **106** to sensor **108** while the last three bits communicate data from sensor **108** to faucet monitoring device **106**. Bit **1** is used as a fault bit. A "0" value indicates that the faucet is operating properly while a "1" value indicates that the faucet is not operating properly. Bits **2** and **3** are handwashing status bits. The combination of bits **2** and **3** have the following states: "00" no handwashing procedure in progress, "10" handwashing procedure in progress, "11" successful handwashing procedure, and "01" failed handwashing procedure. Bits **4-8** provide an indication as to the maintenance status of the various components related to faucet monitoring device **106**, such as faucet **104** and soap dispenser **121**. A "1" value for bit **4** indicates that the soap container is low, a "1" value for bit **5** indicates that the soap case needs to be changed, a "1" value for bit **6** indicates that the soap path needs to be changed, and a "1" value for bit **7** indicates that the towel container is low. It is within the scope of the invention to monitor various other parameters in place of or in addition to the ones listed above.

Bits **9-11** are used as input to faucet monitoring device **106** from sensor **108**. Bit **9** is used as a badge presence indicator. In one embodiment, bit **9** provides a "1" value when an identification signal **109** is detected by sensor **108**. In another embodiment, bit **9** provides a "0" value when sensor **108** is receiving an identification signal **109** from a contaminated caregiver **110** and a "1" value when sensor **108** is receiving an identification signal **109** from a non-contaminated caregiver **110** or no identification signal is being received. Bit **10** is used to communicate whether sensor **108** is functioning properly and if sensor **108** is able to communicate with master station **129**. Bit **11** is used to send a message to faucet monitoring device **106** to start a self test procedure. In one embodiment, faucet monitoring device begins monitoring for compliance only when the presence of hands **107** are detected and bit **9** from sensor **108** indicates that an identification signal has been detected.

When a caregiver **110** is positioned in front of sink **102**, sensor **108** detects identification signal **109** transmitted by badge **112** as shown diagrammatically in FIG. 2. Sensor **108** is mounted above sink **102** and includes an IR receiver connected to the hygiene monitoring system **100**. The received identification signal is forwarded onto master station **129** and recorded. It is within the scope of the present invention as presently perceived to use a RF, ultrasonic or other suitable system for detecting the presence of a caregiver in contamination zones, patient rooms, or by sink **102**. Alternative devices can be used for sensor **108** such as a radio receiver if badge **112** transmitted a radio signal instead of an infrared signal.

Sensor **108** combines the compliance signal from faucet monitoring device **106**, bits **1-8**, and the received identification signal **109**. The combined signal or packet is transmitted to or made available to or detected by master station **129**. In a preferred embodiment, sensor **108** includes a radio frequency

transmitter to transmit a radio frequency transmission to master station **129**. In one embodiment the combined signal or packet consists of 35 bits. Bits **1** and **2** are start bits. Bits **3-10** are a portion of identification signal **109**, the LO Byte of the caregiver ID. Bit **11** is a parity bit for use as an error check for bits **3-10**. Bits **12-19** are a portion of identification signal **109**, the HI Byte of the caregiver ID. Bit **20** is a parity bit for use as an error check of bits **12-19**. Bits **21-28** are the eight bits sent to sensor **108** from faucet monitoring device **106**. Bit **29** is a parity bit for use as an error check for bits **21-28**. Bits **30-33** are extra bits for expansion use, such as to communicate the status of various pieces of equipment, lights, IV pumps, etc. Bit **34** is a parity bit for use as an error check for bits **30-33**. Bit **35** is a stop bit.

Besides sinks **102**, the handwashing devices **101** as depicted in FIG. **5** may also be implemented with automatic alcohol dispenser **210**, dispensers **250**, or other monitored devices with which a person may successfully wash her hands in accord with a hygiene policy. In some environments, it is permissible for caregiver **110** to cleanse hands **107** with an alcohol towelette dispensed by alcohol dispenser **210**, as opposed to washing her hands in front of a sink with soap and water. Therefore, in one embodiment of the hygiene monitoring system **100**, the hygiene monitoring system **100** further tracks whether persons wash their hands with an alcohol towelette that is dispensed from the automated alcohol dispenser **210** and updates compliancy information based upon such determinations. To this end, the hygiene monitoring system **100** utilizes a sensor such as sensor **108C** proximate with the alcohol dispenser **210** to determine whether the person has washed her hands via the alcohol dispenser **210**.

In some environments, it is also permissible for caregiver **110** to cleanse hands **107** with a waterless hand sanitizer such as an alcohol based gel dispensed from dispenser **250**. An exemplary dispenser **250** is the "Bag-in-a-Box Dispenser" which receives a bladder filled with hand sanitizer. Dispenser **250** further includes a sensor **108** to detect identification signal **109** transmitted by badge **112**. Sensor **108** either detects signal **109** and then waits to sense a dispensing of hand sanitizer or is activated upon the detection of hand sanitizer being dispensed from dispenser **250**. Therefore, in one embodiment of the hygiene monitoring system **100**, the hygiene monitoring system **100** further tracks whether persons wash their hands with hand sanitizer dispensed from dispenser **250** and updates compliancy information based upon such determinations.

In a further embodiment, the dispenser **250** is implemented as a portable dispenser, similar to a pump bottle or squeeze bottle, which is carried by caregiver **110**. Portable dispenser **250** includes a sensor to detect when sanitizer is dispensed from dispenser **250**. An example sensor would be a sensor to detect the movement of the stem of a hand pump on a pump bottle or the movement of sanitizer through an orifice. The use of portable dispenser **250**, which is small enough to fit in the caregiver's coat or pocket, provides caregiver **110** with easy access to hand sanitizer and does not require additional hardware such as sensors and dispensers to be mounted on the wall in various locations throughout the hospital.

Portable dispenser **250** either includes a transmitter such as equipment badge **113** or a combination transmitter and receiver. In one embodiment wherein only a transmitter is used, portable dispenser **250** is assigned to caregiver **110** such that the equipment badge **113** of the dispenser **250** either transmits an identification signal which is identical to or incorporates a portion of caregiver identification signal **109** or an identification signal which is associated with caregiver **110** in a database at master station **129**. In another embodiment

wherein both a transmitter and a receiver or a transceiver is associated with portable dispenser **250**, portable dispenser **250** receives identification signal **109** from caregiver badge **112**. Portable dispenser **250** then forwards a signal such as the caregiver identification signal plus a compliance signal onto master station **129** either directly or through sensor **118**.

Alert indicators **116** generally provide caregivers with feedback concerning their current contamination status and/or infraction status. In one embodiment, visual alert indicators **116** are included in the proximity of sinks **102**, such as on faucet **104**. The visual alert indicators **116** are capable of providing textual messages "either continuously or at defined intervals and potentially other visual cues such as blinking diodes. The visual alert indicators **116** may provide feedback to caregiver **110** on whether a successful handwashing has been accomplished or not. The visual alert indicators **116** may also provide messages such as "HANDWASHING CONFIRMED" or "SUCCESSFUL" for a properly completed handwashing event. The visual alert indicators **116** may also provide messages such as "WARNING HANDWASHING FAILED" or "FAILED" when caregiver **110** has not completed a successful handwashing. An unsuccessful handwashing would occur for example when caregiver **110** uses water but not soap. Further, the visual alert indicators **116** also provides information about the maintenance state of the faucet, sink or other devices. Example messages include "SINK READY FOR USE", "SELF-TEST IN PROGRESS", "WARNING! SOAP CONTAINER LOW", "WARNING! CHANGE SOAP CASSETTE", "WARNING! CHANGE SOAP PATH", or "WARNING! TOWEL CONTAINER LOW."

The alert indicators **116** may also be placed in various locations in the patient rooms such as on bed **122**, on the wall of the patient's room, or incorporated into an overhead lighting fixture **114** as shown in FIG. **3**. Such alert indicators **116** may be implemented to either remind caregiver **110** to wash hands **107** or to indicate that a handwashing compliance signal has been recorded. The timing for each type of indication is explained below in more detail with reference to FIG. **6** and FIG. **8**. For example, such an alert indicator **116** may include a set number of lights or a single light which are covered by a colored semi-transparent shield. Various indications are given based on which lights in the set of lights are turned on and which lights in the set of lights are turned off or whether any of the lights in the set of lights are flashing. In one embodiment, the light shield contains a graphic message such as "handwash verified" as shown in FIG. **3**.

In embodiments where alert indicators **116** are located throughout a facility, the master station **129** may cause a signal to be directed to an alert indicator that is in close proximity to the caregiver **110**. For example, the master station **129** may provide a handwash signal to an alert indicator **116** in the same room as the caregiver **110** when a handwash condition exists for the caregiver **110**. In such an embodiment, the alert indicators **116** may be either "wirelessly connected" or "hard-wired" to the master station **129**. Moreover, the alert indicator **116** in such embodiments could be implemented as a bank of lights including a light corresponding to each person monitored, or it may be implemented with remote units such as, for example, banks of lights or speakers that have been mounted in various locations in the facility.

Alert indicators **116** may also be implemented in a portable manner. For example, alert indicators **116** may be incorporated into badges **112** or carried by caregiver **110** as a separate unit, such as a pager-type unit. Such alert indicators **116** would include a sensor to receive handwash signal **184** provided by the hygiene monitoring system **100**. In one embodi-

ment, the portable alert indicators **116** include a radio frequency receiver to receive a signal from master station **129**, sensor **108** or other sensors such as sensor **118**. The received signal includes the caregiver ID to distinguish between different caregivers **110** and an infraction level code to communicate the status of the caregiver **110**, either in compliance with the handwashing standards or out of compliance with the handwashing standards.

The alert indicators **116** may be implemented to vary output based upon the number of non-compliance data **140** which is recorded by system **100** for caregiver **110**. In one embodiment, lights are included on badge **112**, such as light emitting diodes. When caregiver **110** is complying with handwashing regulations the lights on badge **112** are off. When caregiver **110** enters a contamination zone the lights or at least one of the lights blinks yellow to indicate that caregiver **110** has entered a contamination zone. If caregiver **110** violates the handwashing standards, i.e. a non-compliance signal **140** is generated, the lights or at least one of the lights slowly blinks red. If caregiver **110** does not wash hands **107** at this point and violates the handwashing standards a second time the lights or at least one of the lights blinks red at a faster rate. If caregiver **110** commits a third consecutive infraction of the handwashing standards then the lights or at least one of the lights blinks red very fast. If the caregiver **110** commits a fourth consecutive infraction of the handwashing standards then the lights or at least one of the lights remains on and an alarm is sounded by an audible or tactile indicator on badge **112**.

It is within the scope of the invention as presently perceived to implement alert indicators **116** to include visual, audible and/or tactile indicators which respectively produce visual signals, audible signals, and tactile signals. An example of a visual indicator is a LED, an example of an audible indicator is a speaker, and an example of a tactile indicator is a vibration device similar to a pager vibration device.

Multi-Zonal Patient Rooms

In FIG. **5** is shown an example of patient room **230** having generally five different zones. An entry zone **220**, a clinical zone **222**, a patient zone **224**, a family zone **226** and a hygiene zone **228**. All of these zones except for the family zone **226** has a sensor **118** associated therewith. As shown in FIG. **5**, caregiver **110** enters patient room **230** through the entry zone **220**. As the caregiver enters the entry zone **220**, the identification signal **109** broadcasted by caregiver badge **112** is detected by sensor **118A**. If caregiver **110** proceeds to the patient zone **224**, then the signal broadcasted by the caregiver badge **112** is detected by sensor **118C**. Patient zone **224** is a critical contamination zone. Therefore, the hygiene monitoring system **100** initiates the first handwashing monitoring logic depicted in FIG. **6**. Also shown in FIG. **5** are various handwashing devices **101** such as two sinks **102A** and **102B** each containing a sensor **108A** and **108B**, respectively, an automated alcohol dispenser **210**, and a dispenser **250** of hand sanitizer.

In one embodiment, patient room **230** further includes a sensor **254**. Unlike sensors **118A-118D** which generally receive signals **109** when caregiver **112** is within the corresponding zone **220**, **222**, **224** and **228**, sensor **254** generally receives signal **109** when caregiver **112** is present in patient room **230** independent of whether caregiver **112** is within one of the zones **220**, **222**, **224** and **228** or elsewhere in patient room **230**. As such, sensor **254** is a low resolution aspect of the hygiene monitoring system **100** while sensors **118A-118D** are a high resolution aspect of the hygiene monitoring system **100**. Sensor **254** is designed to be compatible with badge **112**. Therefore, if badge **112** emits only an IR signal **109** then

sensor **254** should be designed to receive an IR signal **109**. Alternatively, if badge **112** emits both an IR signal **109** and a RF signal **109** then sensor **254** should be designed to receive either IR signal **109**, RF signal **109** or a combination of IR signal **109** and RF signal **109**.

First Handwashing Logic

A flowchart is depicted in FIG. **6** which illustrates first handwashing logic implemented by the hygiene monitoring system **100**. In the exemplary embodiment, the master station **129** includes software which when executed by the master station **129** causes the hygiene monitoring system **100** to implement the first exemplary handwashing logic as depicted in FIG. **6**. However, while the exemplary embodiment of the hygiene monitoring system **100** implements the handwashing logic of FIG. **6** with software executed by the master station **129**, the handwashing logic of FIG. **6** may alternatively be implemented with hardware incorporated in a central device such as the master station **129** or distributed amongst the other components of the hygiene monitoring system **100**. Furthermore, the software can be implemented as a stand alone program or can be integrated into the software of an existing system for locating and tracking persons in a facility.

In an exemplary embodiment, the hygiene monitoring system **100** invokes execution of the first handwashing logic as represented by block **130** every time a caregiver identification signal **109** is detected in a nurse or patient contact zone, such as a patient room or nurse station. The presence of caregiver **110** in such a zone is determined by the hygiene monitoring system **100** upon the detection of identification signal **109**. The hygiene monitoring system **100** determines, based on the previous recorded locations of caregiver **110**, if caregiver **110** has complied with handwashing standards. Therefore, the hygiene monitoring system **100** monitors for compliance based upon the occurrences of specific events. The hygiene monitoring system **100** also evaluates the time elapsed between handwashings to determine if a preset maximum time has been exceeded. Therefore, the hygiene monitoring system **100** further monitors for compliance based upon frequency of handwashings.

Once execution of the first handwashing logic is initiated, the hygiene monitoring system **100** evaluates the previous location of caregiver **110** as indicated by block **132**. The current and previous locations of caregiver **110** are determined and stored by the hygiene monitoring system **100** during the course of operation. The elapsed time since the last recorded compliance data record is determined by the hygiene monitoring system **100**, as indicated by block **133**. The hygiene monitoring system **100** next determines, as indicated by block **134**, if a handwashing compliance signal has been received in conjunction with the previous location of caregiver **110**. A handwashing compliance signal is generated by faucet monitoring device **106** or other handwashing device when caregiver **110** washes hands **107** and is transmitted to or detected by master station **129**. If a handwashing compliance signal has been received, the compliance data is recorded, as indicated by block **136**. If a handwashing compliance signal was not recorded, the hygiene monitoring system **100** moves to block **138** which determines whether the previous location of caregiver **110** was a contamination zone.

A contamination zone is any area designated by the hospital where after caregivers have entered they must wash her hands. Typically, a contamination zone is an area in which caregiver **110** is susceptible to contact with infectious agents. Examples are a patient room, a bath room, a waste station or a nurse station. If the previous location of caregiver **110** was a designated contamination zone a handwashing non-compliance data is recorded as indicated by block **140**. The non-

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compliance data is recorded because caregiver **110** has left a contamination zone and entered a nurse or patient contact zone without washing hands **107**, thereby putting patients and colleagues at risk of infection.

If the previous location of caregiver **110** was not a contamination zone at block **138**, the hygiene monitoring system **100** continues to block **139** and determines if the maximum time permitted between handwashings has been exceeded. If the maximum time has been exceeded, then a handwashing non-compliance record is recorded by block **140**. If the previous location of caregiver **110** was not a contamination zone and the maximum time permitted between handwashings has not been exceeded, the hygiene monitoring system **100** returns to block **132** and evaluates the twice previous location of caregiver **110**. If a handwashing compliance was not indicated for the twice previous location nor was the twice previous location a contamination zone, the hygiene monitoring system **100** returns to block **132** and evaluates the thrice previous location of caregiver **110**, assuming that the maximum time permitted between handwashings has not been exceeded. The hygiene monitoring system **100** continues until either a handwashing compliance record is recorded by block **136** or a handwashing non-compliance record is recorded by block **140**.

If a non-compliance data record is recorded by block **140**, the hygiene monitoring system **100** generates a handwash alarm signal as represented by block **182**. The hygiene monitoring system **100** then sends the handwash alarm signal to an alert indicator **116** of caregiver **110**. The sensor on the alert indicator **116** receives the alarm signal represented by block **184**, and the alert indicator **116** provides the caregiver **110** with an alert signal, represented by block **186**. Example alert signals include visual signals, audible signals, tactile signals or combinations thereof.

Referring now to FIG. 7, there is depicted a hospital ward **142** and a sample path **144** taken by caregiver **110** through the hospital ward **142**. The location of caregiver **110** is detected by sensor **118a-118d** when caregiver **110** is next to patient bed **150a-150d**, respectively. The location of caregiver **110** is detected by sensor **108a-108e** when caregiver **110** is near sinks **102a-102e**, respectively. At other locations in hospital ward **142**, the location of caregiver **110** is detected by sensors **118e-1180**.

Caregiver **110** starts at nurse station **146** as indicated by position (A). Caregiver **110** next leaves nurse station **146** and enters a patient room **148a** and approaches the patient bed **150a**, as indicated by position (B). Caregiver's badge transmits a signal which is detected by sensor **118a** and read by master station **129** indicating that the caregiver is by position (B), thereby initiating the hygiene monitoring system **100** to begin execution of the handwashing monitoring logic because caregiver **110** has entered a nurse or patient contact zone, near patient bed **150a**. The previous position (A) of caregiver **110** does not have a handwashing compliance signal recorded and position (A) is a contamination zone. Therefore, a non-compliance data record is recorded at block **140**.

Caregiver **110** next leaves position (B) without washing hands **107** at sink **102a** and enters a second nurse or patient contact zone, patient room **148b** next to patient bed **150b**, as indicated by position (D). Once again, the hygiene monitoring system **100** initiates execution of the first handwashing logic because caregiver **110** has entered a nurse or patient contact zone, near patient bed **150b**. The previous position (C) of caregiver **110** does not have a handwashing compliance signal recorded. However, position (C), a hallway, is not a contamination zone. After determining that the maximum time permitted between handwashings has not been

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exceeded, the twice previous caregiver location, position (B) in patient room **148a** near bed **150a** is evaluated. Position (B) does not have a handwashing compliance signal recorded. However position (B) is a contamination zone. Therefore, a non-compliance data record is recorded at block **140**.

Caregiver **110** next enters bathroom **154b**, at position (E) and then washes hands **107** at sink **102b**, position (F). Therefore, a handwashing compliance signal is generated by faucet monitoring device **106b**.

Caregiver **110** next enters a third nurse or patient contact zone at position (H), patient room **148c**. Once again, the hygiene monitoring system **100** initiates execution of the first handwashing logic because caregiver **110** has entered a nurse or patient contact zone. The previous position (G) of caregiver **110** does not have a handwashing compliance signal recorded. However, position (G), a hallway, is not a contamination zone. After determining that the maximum time permitted between handwashings has not been exceeded, the twice previous caregiver location, position (F) in patient room **148b** near sink **102b** is therefore evaluated. Position (F) does have a handwashing compliance signal recorded. Therefore, a compliance data record is recorded at block **136**.

Caregiver **110** continues on to position (J), a waste station **158**, which is a contamination zone. Next, caregiver **110** washes hands at position (K), sink **102e**. Therefore, a handwashing compliance signal is generated by faucet monitoring device **106e**. The fact that caregiver **110** did not wash hands **107** between locations (H) and (J) is acceptable, as long as the maximum time permitted between handwashings has not been exceeded, because caregiver **110** did not enter a nurse or patient contact zone between locations (H) and (J).

Caregiver **110** continues on to position (M) a fourth nurse or patient contact zone, patient room **148d** next to patient bed **150d**. Once again, the software is initiated by central processing unit **126** and begins its handwashing monitoring logic. The previous position (L) of caregiver **110** does not have a handwashing compliance signal recorded. However, position (L), the hallway, is not a contamination zone. After determining that the maximum time permitted between handwashings has not been exceeded, the twice previous caregiver location, position (K) near sink **102e** is evaluated. Position (K) does have a handwashing compliance signal recorded. Therefore, a compliance data record is recorded at block **136**.

Caregiver **110** continues on to nurse station **146**, position (P). Since caregiver **110** is in a nurse contact zone at position (P), the hygiene monitoring system **100** initiates execution of the first handwashing logic. The previous position (O) of caregiver **110** does not have a handwashing compliance signal recorded. However, position (O), a hallway, is not a contamination zone. After determining that the maximum time permitted between handwashings has not been exceeded, the twice previous caregiver location, position (N) in patient room **148d** near bed **150d** is evaluated. Position (N) does not have a handwashing compliance signal recorded. However position (N) is a contamination zone. Therefore, a non-compliance data record is recorded at block **140**.

Caregiver **110** achieved a forty percent compliance rating, washed hands **107** two out of five required times, for path **144**, as shown in FIG. 7. Compliance report **128** provides the compliance rating of caregiver **110** and provide information such as the time each compliance record was recorded, the time each non-compliance record was recorded, and the locations of each, see FIG. **13B**.

The above handwashing monitoring logic may further utilize a delay timer to prevent a brief encounter with a patient contact zone to require a caregiver to wash her hands. For example, upon detecting the identification signal **109** from

caregiver badge **112** within a patient zone, the hygiene monitoring system **100** will delay a preset amount of time before starting the handwashing monitoring logic, such as 15 seconds. If the identification signal **109** is still detected in the patient contact zone after the present amount of time has expired, then the handwashing monitoring logic begins. Therefore, a caregiver simply dropping off a lunch tray will probably not invoke the handwashing monitoring logic, while a caregiver who is interacting with a patient probably will invoke the handwashing monitoring logic.

Second Handwashing Logic

Referring now to FIG. **8**, there is illustrated a flowchart of second exemplary handwashing logic which may be implemented by the hygiene monitoring system **100**. The second exemplary handwashing logic of FIG. **8** is essentially an alternative to the first exemplary handwashing logic of FIG. **6**. In the exemplary embodiment, the master station **129** includes software which when executed by the master station **129** causes the hygiene monitoring system **100** to implement the second exemplary handwashing logic as depicted in FIG. **8**. However, while the exemplary embodiment of the hygiene monitoring system **100** implements the handwashing logic of FIG. **8** with software executed by the master station **129**, the handwashing logic of FIG. **8** may alternatively be implemented with hardware incorporated in a central device such as the master station **129** or distributed amongst the other components of the hygiene monitoring system **100**. Furthermore, the software can be implemented as a stand alone program or can be integrated into the software of an existing system for locating and tracking persons in a facility.

In general, the master station **129** in accord with the alternative handwashing logic of FIG. **8** determines whether various events have occurred based upon information (e.g. caregiver location, handwashing information) received from the various sensors of the hygiene monitoring system **100**. Events are points in time at which some change in status may take place. Typically, events are caused by movement of persons into or out of a zone, or the expiration of a time limit for a person in a given zone, or by other mechanisms. In an exemplary embodiment, the master station **129** determines that a caregiver **110** has moved between two zones when the badge **112** worn by the caregiver **110** is detected in the first zone, the badge **112** is later detected in the second zone, and the badge **112** ceases to be detected in the first zone.

In an exemplary embodiment, the master station **129** determines that a controlled Handwash Event has occurred when a caregiver **110** wearing a badge **112** has successfully completed a handwashing at a monitored handwashing device such as sink **102**. (See, steps **320**, **328**, and **332**). Moreover, the master station **129** further updates a Contamination Status associated with the caregiver **110** to indicate that the caregiver **110** is "Not Contaminated" whenever the caregiver **110** wearing a badge **112** has completed a successful handwashing, updates and Infraction Status associated with the caregiver **110** to indicate that the caregiver **110** is "Compliant", and if the caregiver was contaminated prior to the controlled Handwashing Event updates the compliance rating for the caregiver. For example, a successful handwashing occurs when the badge **112** worn by the caregiver **110** is detected by a sensor **108** associated with sink **102** for a duration greater than or equal to a preset amount for a successful handwashing. It is within the scope of the invention to require additional parameters to be satisfied for a handwashing to be successful, such as soap was dispensed, drying unit or towel was detected.

The master station **129** of the exemplary embodiment also determines that an Exposure Event has occurred when a car-

egiver **110** wearing a badge **112** has been in a contamination zone for longer than a Exposure Time associated with that contamination zone. The Exposure Time is the amount of time for a particular contamination zone, that a caregiver **110** can remain in a particular contamination zone without causing an Exposure Event. (See, **314** and **316**). However, the master station **129** may also determine that an Exposure Event has occurred when the hygiene monitoring system **100** has not detected a caregiver **110** wearing a badge **112** for more than an hour or some other preset amount of time. (See, steps **300** and **304**). Further, the master station **129** may also determine that an Exposure Event has occurred when the master station **129** determines that more than thirty minutes or some other preset amount of time has past since a controlled Handwashing Event has been associated with the caregiver **110** (i.e. the caregiver **110** has not successfully washed her hands for more than some preset amount of time). (See, steps **302** and **304**).

In the exemplary embodiment, the Exposure Time is independently defined for each contamination zone of the facility and is typically defined at a constant value for a particular contamination zone. However, the Exposure Time for a particular contamination zone may alternatively be defined based upon a particular caregiver or class of caregivers. For example, the Exposure Time for a particular contamination zone may be defined to cause an Exposure Event for a first caregiver if the first caregiver remains in the contamination zone for ten seconds and cause an Exposure Event for the second caregiver only if the second caregiver remains in the contamination zone for at least twenty seconds. Moreover, when determining how long a particular caregiver **110** has been exposed to a particular contamination zone, the master station **129** of the exemplary embodiment considers a caregiver **110** to have been continuously exposed to the contamination zone if the badge **112** worn by the caregiver **110** is continuously detected in the same contamination zone, regardless of whether the same badge **112** is detected in other zones as well.

The Exit Time is a preset amount of time associated with a particular contamination zone which defines an amount of time that a caregiver **110** has to exit the particular contamination zone following a controlled Handwashing Event without being re-contaminated by the contamination zone. In general, the Exit Time extends the length of time after a controlled Handwashing Event that a caregiver **110** may remain in the contamination zone without being re-contaminated by the contamination zone. In other words, the master station **129** of the exemplary embodiment determines that an Exposure Event has occurred for a caregiver **110** wearing a badge **112** when the caregiver **110** performs a successful handwashing at a monitored handwashing device within a contamination zone and the caregiver **110** remains in the contamination zone for the duration of the greater between the Exposure Time and the Exit Time. (See, steps **318**, **320**, **322**, and **316**). In a high risk contamination zone (e.g. isolation room, waste utility room, public restroom) having an Exposure Time of zero associated therewith, the Exit Time permits a caregiver **110** to perform a successful handwashing within the high risk contamination zone and exit the high risk contamination zone within the Exit Time without causing an Exposure Event despite the fact that the Exposure Time had been exceeded.

Similar to the Exposure Time, the exemplary embodiment defines the Exit Time independently for each contamination zone of the facility and typically defines the Exit Time at a constant value for a particular contamination zone. However, the Exit Time for a particular contamination zone may alter-

natively be defined based upon a particular caregiver or class of caregivers. For example, the Exit Time for a particular contamination zone may be defined such that the master station **129** determines that an Exposure Event has occurred for a first caregiver of a first class of caregivers (e.g. nurses) if the first caregiver does not exit the contamination zone within ten seconds of the controlled Handwashing Event and determines an Exposure Event has occurred for a second caregiver of a second class of caregivers (e.g. physicians) only if the second caregiver does not exit the contamination zone within twenty seconds of the controlled Handwashing Event.

In an exemplary embodiment, the master station **129** determines that an Infraction Event has occurred when a caregiver **110** has committed a violation of the handwashing standards. In the exemplary embodiment, the master station **129** determines whether an Infraction Event has occurred based upon information (e.g. caregiver location, handwashing information) received from the various sensors of the hygiene monitoring system **100**. In an exemplary embodiment, the master station **129** utilizes the following rules to determine whether an Infraction Event has occurred.

1) An Infraction Event occurs each time a caregiver **110** exits a contamination zone while “Contaminated”, and then does not successfully wash her hands within a Trigger Time of exiting the contamination zone.

2) An Infraction Event occurs each time a caregiver **110** while “Contaminated” enters a contamination zone, and then does not successfully wash her hands within a Entry Time of entering the contamination zone.

The exemplary embodiment defines the Trigger Time as the time for a particular contamination zone that a contaminated caregiver **110** may leave that particular contamination zone without successfully washing the hands at a monitored handwashing device (i.e. cause a controlled Handwashing Event) and not generate an Infraction Event. The exemplary embodiment further defines the Entry Time as the time for a particular contamination zone that a contaminated caregiver **110** may remain in that particular contamination zone without successfully washing her hands at a monitored handwashing device (i.e. cause a controlled Handwashing Event) and not generate an Infraction Event. Similar to the Exposure Time, the Trigger Time and the Entry Time of the exemplary embodiment are independently defined for each contamination zone of the facility and are typically defined at a constant value for a particular contamination zone. The Trigger Time and Entry Time, however, may alternatively be defined based upon a particular caregiver or class of caregivers. For example, the Trigger Time for a particular contamination zone may be defined such that the master station **129** determines that an Infraction Event has occurred for a first caregiver if the first caregiver does not successfully wash her hands (i.e. generate a controlled Handwashing Event) within ten seconds of exiting the contamination zone and cause an Infraction Event for a second caregiver only if the second caregiver does not successfully wash her hands (i.e. generate a controlled Handwashing Event) within twenty seconds of exiting the contamination zone.

The following scenario of events is provided in order to provide further insight into how the second handwashing logic of FIG. **8** may be utilized. For example, in response to a caregiver entering the facility for the first time as a new shift begins, the exemplary hygiene monitoring system **100** would likely determine that either a preset period of time has past since the caregiver was last detected (step **300**) or would determine that a preset period of time has past since the last successful handwashing was detected (step **302**) and thus process an Exposure Event (step **304**). The hygiene monitor-

ing system **100** in processing the Exposure Event generally updates information associated with the caregiver by storing the identification code (i.e. ID) of the caregiver received from the caregiver’s badge **112**, storing the time the hygiene monitoring system **100** detected the Exposure Event, and updating the contamination status for the caregiver to “Contaminated”. Moreover, the hygiene monitoring system **100** in processing the Exposure Event provides the caregiver with an indication of the contamination status associated with the caregiver by, for example, causing the badge **112** to blink yellow.

In response to the badge **112** indicating that the caregiver is contaminated, the caregiver may then stop at a sink **102** located in a non-contamination zone and successfully wash her hands, thus causing a controlled Handwashing Event. Accordingly, the hygiene monitoring system **100** detects the controlled Handwashing Event in the non-contamination zone (step **330**) and process the controlled Handwashing Event (step **332**). In particular, the hygiene monitoring system **100** in processing the controlled Handwashing Event updates information associated with the caregiver by recording the ID of the caregiver, recording the time the hygiene monitoring system **100** detected the controlled Handwashing Event, recording the ID of the sink **102** at which the caregiver washed her hands, updating a contamination status for the caregiver to “Not Contaminated”, updating an infraction status for the caregiver to “Compliant”, and if the caregiver was contaminated prior to the controlled Handwashing Event updating the compliance rating for the caregiver. By only updating the compliance rating if the caregiver was contaminated, the hygiene monitoring system **100** prevents caregivers from artificially inflating their compliance rating by performing unnecessary handwashings. Moreover, the hygiene monitoring system **100** in processing the controlled Handwashing Event further provides the caregiver with an indication of her status by, for example, causing the badge **112** to stop blinking, causing the sink **102** to display a “Handwashing Confirmed” message, and causing the sink **102** to display the ID and current compliance rating for the caregiver.

The caregiver after successfully washing her hands may enter patient room A and remain in patient room A for a period of time greater than the Exposure Time associated with patient room A, thus causing an Exposure Event. Accordingly, the hygiene monitoring system **100** detects the Exposure Event (step **314**) and processes the Exposure Event (step **316**). The hygiene monitoring system **100** in processing the Exposure Event generally updates information associated with the caregiver by storing the ID of the caregiver, storing the time the hygiene monitoring system **100** detected the Exposure Event, storing the location at which contamination occurred, and updating the contamination status associated with the caregiver to “Contaminated”. Moreover, the hygiene monitoring system **100** in processing the Exposure Event provides the caregiver with an indication that her status is “Contaminated” by, for example, causing the badge **112** to blink yellow.

The caregiver may then leave patient room A enter a hallway and travel down the hallway for a period of time that is greater than the Trigger Limit for patient room A, thus causing an Infraction Event. The hygiene monitoring system **100** detects the Infraction Event (step **324**) and processes the Infraction Event (**326**). The hygiene monitoring system **100** in processing the Infraction Event generally updates information associated with the caregiver by storing the ID of the caregiver, storing the time the hygiene monitoring system **100** detected the Infraction Event, updating the infraction status of the caregiver to “Infraction Level 1”, storing information about the Infraction Event (e.g. did not wash hands within

Trigger Time of leaving patient room A), and updating the compliance rating of the caregiver. Further, the hygiene monitoring system **100** provides the caregiver with an indication that her status is “Infraction Level 1” by, for example, causing the badge **112** to slowly blink red.

The caregiver may then enter patient room B and remain in patient room B for a period of time greater than the Entry Limit associated with patient room B without successfully washing her hands, thus causing another Infraction Event. The hygiene monitoring system **100** detects that the caregiver was in a contamination zone (step **306**), detects that the caregiver was contaminated (step **308**), detects the Infraction Event (step **310**) and processes the Infraction Event (step **312**). The hygiene monitoring system **100** in processing the Infraction Event generally updates information associated with the caregiver by storing the ID of the caregiver, storing the time the hygiene monitoring system **100** detected the Infraction Event, updating the infraction status of the caregiver to “Infraction Level 2”, storing information about the Infraction Event (e.g. did not wash hands within Entry Time of entering patient room B), and updating the compliance rating of the caregiver. Further, the hygiene monitoring system **100** provides the caregiver with an indication that her status is “Infraction Level 2” by, for example, causing the badge **112** to increase its rate of blinking red.

The caregiver may remain in patient room B for a period of time greater than the Exposure Time associated with patient room B, thus causing an Exposure Event. Accordingly, the hygiene monitoring system **100** detects the Exposure Event (step **314**) and processes the Exposure Event (step **316**). The hygiene monitoring system **100** in processing the Exposure Event generally updates information associated with the caregiver by storing the ID of the caregiver, storing the time the hygiene monitoring system **100** detected the Exposure Event and storing the location at which contamination occurred. Since the caregiver’s contamination status is already “Contaminated” the hygiene monitoring system **100** need not update the contamination status to “Contaminated”. Moreover, the hygiene monitoring system **100** in processing the Exposure Event continues to provide the caregiver with an indication that her status is “Infraction Level 2” by, for example, continuing to cause the badge **112** to blink red at the increase rate.

The caregiver may then leave patient room B enter a hallway and travel down the hallway for a period of time that is greater than the Trigger Time for patient room B, thus causing another Infraction Event. The hygiene monitoring system **100** detects the Infraction Event (step **324**) and process the Infraction Event (**326**). The hygiene monitoring system **100** in processing the Infraction Event generally updates information associated with the caregiver by storing the ID of the caregiver, storing the time the hygiene monitoring system **100** detected the Infraction Event, updating the infraction status of the caregiver to “Infraction Level 3”, storing information about the Infraction Event (e.g. did not wash hands within Trigger Time of leaving patient room B), and updating the compliance rating of the caregiver. Further, the hygiene monitoring system **100** provides the caregiver with an indication that her status is “Infraction Level 3” by, for example, causing the badge **112** to blink red at an even faster rate than is associated with “Infraction Level 2”.

The caregiver may then enter patient room C and remain in patient room C for a period of time greater than the Entry Time associated with patient room C without successfully washing her hands, thus causing another Infraction Event. The hygiene monitoring system **100** detects the Infraction Event (step **310**) and processes the Infraction Event (**312**).

The hygiene monitoring system **100** in processing the Infraction Event generally updates information associated with the caregiver by storing the ID of the caregiver, storing the time the hygiene monitoring system **100** detected the Infraction Event, updating the infraction status of the caregiver to “Infraction Level 4”, storing information about the Infraction Event (e.g. did not wash hands within Entry Time of entering patient room C), and updating the compliance rating of the caregiver. Further, the hygiene monitoring system **100** provides the caregiver with an indication that her status is “Infraction Level 4” by, for example, causing the badge **112** to be continuously lit red, and causing an audible alarm to be activated whenever the caregiver is in proximity of a hand-washing device **101**.

In response to noticing the audible alarm and the badge **112** indicating “Infraction Level 4”, the caregiver may then stop at a sink **102** located in the patient room C, successfully wash her hands and exit patient room C before the Exit Time has expired, thus causing a controlled Handwashing Event. Accordingly, the hygiene monitoring system **100** detects the controlled Handwashing Event in patient room C (steps **318**), processes the controlled Handwashing Event (step **320**), and determines that the caregiver exited the patient room C before being recontaminated (step **322**). In particular, the hygiene monitoring system **100** in processing the controlled Handwashing Event updates information associated with the caregiver by recording the ID of the caregiver, recording the time the hygiene monitoring system **100** detected the controlled Handwashing Event, recording the ID of the sink **102** at which the caregiver washed her hands, updating the contamination status for the caregiver to “Not Contaminated”, updating the infraction status to “Compliant”, and if the caregiver was contaminated prior to the controlled Handwashing Event updating the compliance rating for the caregiver. Moreover, the hygiene monitoring system **100** in processing the controlled Handwashing Event further provides the caregiver with an indication of her status by, for example, causing the badge **112** to no longer light on LED causing the sink **102** to display a “Handwashing Confirmed” message, and causing the sink **102** to display the ID and current compliance rating for the caregiver.

The caregiver may then enter a high risk contamination zone (e.g. an isolation room, waste utility room, public restroom) having an Exposure Time of zero, thus causing an Exposure Event. Accordingly, the hygiene monitoring system **100** detects the Exposure Event (step **314**) and process the Exposure Event (step **316**). The hygiene monitoring system **100** in processing the Exposure Event generally updates information associated with the caregiver by storing the ID of the caregiver, storing the time the hygiene monitoring system **100** detected the Exposure Event and storing the location at which contamination occurred, and updating the contamination status for the caregiver to “Contaminated”. Moreover, the hygiene monitoring system **100** in processing the Exposure Event continues to provide the caregiver with an indication that her status is “Contaminated” by, for example, causing the badge **112** to blink yellow.

The caregiver may then exit the high risk contamination zone, re-enter patient room A, and successfully wash her hands before the expiration of the Trigger Time associated with the high risk contamination zone and before the expiration of the Entry Time associated with patient room A. Accordingly, the hygiene monitoring system **100** detects the controlled Handwashing Event in patient room C (step **310** or step **324**) and processes the controlled Handwashing Event (step **312** or step **328**). In particular, the hygiene monitoring system **100** in processing the controlled Handwashing Event

updates information associated with the caregiver by recording the ID of the caregiver, recording the time the hygiene monitoring system **100** detected the controlled Handwashing Event, recording the ID of the sink **102** at which the caregiver washed her hands, updating the contamination status for the caregiver to “Not Contaminated”, updating the infraction status for the caregiver to “Compliant”, and if the caregiver was contaminated prior to the controlled Handwashing Event updating the compliance rating for the caregiver. Moreover, the hygiene monitoring system **100** in processing the controlled Handwashing Event further provides the caregiver with an indication of her status by, for example, causing the badge **112** to no longer light an LED, causing the sink **102** to display a “Handwashing Confirmed” message, and causing the sink **102** to display the ID and current compliance rating for the caregiver.

Equipment Monitoring

The use of equipment badges **113** and usage sensors **119** on equipment **115** generally allows the hygiene monitoring system **100** to more accurately pinpoint when an event has occurred with a piece of equipment **115** that requires a handwashing. For example, if the hygiene monitoring system **100** determines that (i) a caregiver **110** has entered a patient zone, (ii) the caregiver has remained in the zone for a given length of time, and (iii) the IV pump has been activated during the given length of time, then the hygiene monitoring system **100** can deduce with a high degree of confidence that the caregiver has set an IV line, thus requiring the caregiver to wash her hands before entering the next contamination zone. Accordingly, the handwashing logic of FIG. **6** and the handwashing logic of FIG. **7** may be further modified such that the master station **129** determines whether a caregiver **110** needs to wash her hands based upon a caregiver’s likely usage of equipment **115**.

Furthermore, the use of equipment badges **113** on equipment **115** enables the hygiene monitoring system **100** to monitor compliancy with hygiene standards defined for the equipment **115**. In particular, much of the support equipment **115** within a patient room is electronic and requires special handling when cleaning between patient. The standard practice within most hospitals is that housekeeping is not allowed to clean these devices and the responsibility of such cleaning falls upon the nurse. Since this support equipment **115** commonly comes into direct contact with very sick patients with potentially transferable diseases, such equipment **115** must be decontaminated (or cleaned) before used with another patient.

Referring to FIG. **9**, there is depicted a flowchart of exemplary equipment decontamination logic utilized by the exemplary hygiene monitoring system **100**. In general, the master station **129** executes the procedure depicted in FIG. **9** whenever equipment **115** having an equipment badge **113** is moved from one location to another location or whenever a new patient is admitted to a patient room containing monitored equipment **115**.

As illustrated in FIG. **9**, the master station **129** in step **402** determines whether a piece of equipment **115** having an equipment badge **113** is in a new location. The master station **129** in the exemplary embodiment makes this determination by processing location information for the equipment **115** which the master station **129** has received via the equipment badge **113** and the sensors **118** of the hygiene monitoring system **100**. If the location information for the equipment **115** indicates that the current location of the equipment **115** is the same as the last location for the equipment **115** (e.g. the current location and the last location of the equipment **115** are the same patient room), then the master station **129** in step

402 determines that the equipment **115** is not in a new location and proceeds to step **404** in order to determine whether a new patient is with the equipment **115**. However, if the location information for the equipment **115** indicates that the current location of the equipment **115** is not the same as the last location of the equipment **115** (e.g. the current location of equipment **115** is a first patient room and the last location of the equipment **115** was a different patient room), then the master station **129** proceeds to step **406** in order to determine whether a new patient is with the equipment **115**.

In step **404**, the master station **129** of the exemplary embodiment determines whether a new patient is with the equipment **115** by comparing patient location information received via badges **112** with equipment location information received via equipment badges **113**. If the master station **129** determines based upon the patient location information and the equipment information that a new patient is with the equipment **115** (e.g. the equipment location information indicates the equipment **115** is in a first patient room and the patient location information indicates that a patient who has not previously been detected in the first patient room is now in the first patient room), then the master station **129** determines that a new patient is with the equipment **115** and proceeds to step **410** to confirm whether the equipment **115** has been cleaned. On the other hand, if the master station **129** determines based upon the patient location information and the equipment information that a new patient is not with the equipment **115** (e.g. the equipment location information indicates the equipment **115** is in a first patient room and the patient location information indicates that the patient who is in the first patient has been previously detected in the patient room), then the master station **129** determines that a new patient is not with the equipment **115** and stops execution of the equipment decontamination logic until the next triggering event.

Similarly, the master station **129** of the exemplary embodiment in step **406** determines whether a new patient is with the equipment **115** by comparing patient location information received via badges **112** with equipment location information received via equipment badges **113**. If the master station **129** determines based upon the patient location information and the equipment information that a new patient is with the equipment **115** (e.g. the equipment location information and the patient location information indicate that the equipment **115** and the patient have not previously been in the same patient room at the same time), then the master station **129** determines that a new patient is with the equipment **115** and proceeds to step **410** to confirm whether the equipment **115** has been cleaned. On the other hand, if the master station **129** determines based upon the patient location information and the equipment information that a new patient is not with the equipment **115** (e.g. the equipment location information and the patient location information indicate that the equipment **115** and the patient have previously been in the same patient room at the same time), then the master station **129** determines that a new patient is not with the equipment **115** and proceeds to step **408**.

In step **408**, the master station **129** determines whether the equipment **115** needed to be cleaned due to exposure to a high risk contamination zone such as an isolation room or a waste utility room. To this end, the master station **129** of the exemplary embodiment determines that the equipment **115** needed to be cleaned and proceeds to step **410** if equipment location information for the equipment **115** indicates that the previous location of the equipment **115** was a high risk contamination

zone. Otherwise, the master station 129 stops execution of the equipment decontamination logic until the next triggering event.

The master station 129 in step 410 determines whether the equipment 115 has been successfully cleaned since the equipment 115 was last used by another patient or was last exposed to a high risk contamination zone. To this end, the master station 129 determines based upon caregiver and patient location information received from the badges 112, equipment location information received from the equipment badges 113, and cleaning information received from the cleaning sensor 121 whether the equipment 115 has been successfully cleaned since last being contaminated. In particular, the master station 129 determines when the equipment 115 was last contaminated by the equipment's most recent exposure to either another patient or a high risk contamination zone by analyzing received equipment location information and patient location information. Further, the master station 129 determines whether the equipment 115 has been successfully cleaned since the equipment's last exposure to either another patient or a high risk contamination zone by analyzing cleaning information received from the associated cleaning sensor 121. In the exemplary embodiment, the master station 129 and/or the cleaning sensor 121 enforces adequate cleaning of the equipment 115 by requiring that (i) the person cleaning the equipment 115 be in close proximity to the equipment 115 for at least a minimum cleaning period of time, (ii) the cleaning sensor 121 detect moisture associated with the cleaning process for at least the minimum cleaning period of time, and/or (iii) the cleaning sensor 121 detect physical contact associated with the cleaning process for at least the minimum cleaning period of time.

If the master station 129 in step 410 determines that the equipment 115 has been successfully cleaned, then the master station 129 stops execution of the equipment decontamination logic until the next triggering event. However, if the master station 129 in step 410 determines that the equipment 115 has not been successfully cleaned, then the master station 129 in step 412 activates a cleaning status alarm associated with the equipment 115 and records the fact that the patient has been exposed to a contaminated piece of equipment 115. As a result of activating the cleaning status alarm, an indication is provided that the equipment 115 needs to be cleaned. For example, lights on the equipment 115 itself and/or a status monitor for the patient room may be illuminated. Also, sound may be emitted from the equipment 115 and/or a status monitor for the patient room.

Similar to step 410, the master station 129 in step 414 determines whether the equipment 115 has been successfully cleaned since the activation of the cleaning status alarm. To this end, the master station 129 determines based upon caregiver and patient location information received from the badges 112, equipment location information received from the equipment badges 113, and cleaning information received from the cleaning sensor 121 whether the equipment 115 has been successfully cleaned. In particular, the master station 129 analyzes the information received from badges 112, 113, and the associated cleaning sensor 121 in order to determine whether (i) the person cleaning the equipment 115 has been in close proximity to the equipment 115 for at least a minimum cleaning period of time, (ii) the cleaning sensor 121 has detected moisture associated with the cleaning process for at least the minimum cleaning period of time, and/or (iii) the cleaning sensor 121 has detected physical contact associated with the cleaning process for at least the minimum cleaning period of time.

If the master station 129 in step 414 determines that the equipment 115 has not been successfully cleaned, then the master station 129 returns to step 412 to make another determination of whether the equipment 115 has been successfully cleaned. If the master station 129 in step 414 determines that the equipment 115 has been successfully cleaned, then the master station 129 in step 416 deactivates the cleaning status alarm which was activated in step 412 and records the fact that the equipment 115 has been successfully cleaned.

The following scenario illustrates the operation of the hygiene monitoring system 100 in implementing the equipment decontamination logic of FIG. 9. To begin, a first patient who is wearing an ID wristband equipped with a badge 112 is admitted to a patient room. Later, a clean IV pump that is equipped with an equipment badge 113 and cleaning sensors 121 is brought into the patient room. As a result, the master station 129 would determine that the equipment 115 has changed location (step 402) and a new patient is with the equipment 115 (step 406). The master station 129 then would determine in step 410 that the equipment 115 has been cleaned since its last use or exposure to a high risk contamination zone. Accordingly, the master station 129 would exit the procedure without activating the cleaning status alarm.

After two days, the patient is transferred from his patient room in the intensive care unit (ICU) to another room of the surgery floor. The IV pump accompanies the patient during the transfer to the new room. Accordingly, the master station 129 would determine that the equipment 115 has changed location (step 402) but that a new patient is not with the equipment 115 (step 406). The master station 129 then would determine in step 408 that the equipment 115 has been not been contaminated due to exposure to a high risk contamination zone. Therefore, the master station 129 would exit the procedure without activating the cleaning status alarm.

In another day, the first patient is discharged from the hospital and the IV pump is returned to the ICU floor and placed into the original patient room with a new patient who is wearing an ID wristband equipped with a badge 112. At this point, the master station 129 would determine that the equipment 115 has changed location (step 402) and that a new patient is with the equipment 115 (step 406). The master station 129 then would determine in step 410 that the equipment 115 has been not been cleaned since being contaminated due to being exposed to the discharged first patient. Accordingly, the master station 129 in step 412 would activate the cleaning status alarm associated with the IV pump and record the fact that the IV pump was not cleaned before being placed in the room with the new patient. The master station 129 would then continually monitor the IV pump until the cleaning sensors 121 indicate that the IV pump has been properly cleaned (step 414). At which time, the master station 129 would deactivate the cleaning status alarm associated with the IV pump and record the fact that the IV pump has been properly cleaned (step 416).

55 Compliance Reports and System Interface

Shown in FIGS. 4, 10-12, 13A, 13B, and 14 are various examples of different compliance reports 128 that are generated by the hygiene monitoring system 100. While the exemplary compliance reports 128 only depict compliance information associated with handwashing, the compliance reports 128 could easily be modified or new compliance reports created which depict compliance information associate with proper equipment cleaning practices. In one embodiment, hygiene compliance is analyzed using chi-squared analysis. In another embodiment, hygiene compliance compares handwashing events to employee movement. In another embodiment, every Event that affects the Contamination Status,

Infraction Status, Compliance Rating, or Maintenance Status as well as every change in location for a badge **112**, **113** is reported to the master station **129**. Such information is sent to the master station **129** in the form of messages. Exemplary messages are presented in Table 1.

TABLE 1

Message	When	Data
Location Entry	Transmitted when a badge is first seen in a location.	Badge ID Sensor ID Timestamp
Location Exit	Transmitted when a badge is no longer seen by a sensor.	Badge ID Sensor ID Timestamp
Contamination Event	Transmitted when a Badge ID's status changes from "not contaminated" to "contaminated".	Badge ID Sensor ID Timestamp
Infraction Event	Transmitted each time an event affecting an individual's compliance rating occurs.	Badge ID Sensor ID Timestamp Infraction Level
Controlled Handwash Event	Transmitted when a Controlled Handwash Event has been completed.	Badge ID Sensor ID Timestamp
Failed Handwash Event	Transmitted when a Failed Handwash Event has occurred.	Badge ID Sensor ID Timestamp
Maintenance Request Event	Transmitted when the status bits of a particular faucet monitoring device indicate that a Maintenance Activity is required.	Sensor ID Timestamp Maintenance Activity

FIG. **10** shows a hospital summary report. The hospital summary report provides a summary of compliance to handwashing guidelines for the hospital as a whole and specific departments within a healthcare environment. The purpose of the report is to identify departments within the hospital that have the most difficulty with compliance so that corrective action may be taken. As can be seen in FIG. **10**, the report provides the time period that this report is associated with, an overall compliance rating and a breakdown of compliance ratings based upon department. As shown in FIG. **10**, department ICU had a 70 percent compliance for a total number of 1500 visitations during the time period of October 1999.

In FIG. **11**, a department summary report is shown. The department summary report provides a summary of the compliance to handwashing guidelines for a specific department within a healthcare environment. The purpose of the report is to identify areas within the unit and groups of caregivers which have the most difficulty with compliance so that corrective action may be taken. As shown in FIG. **11**, the department summary report includes the department name and number, the time period for which the report is generated and an overall department compliance rating. The report also breaks the department down into different locations or zones. These are provided with a specific identification number (e.g. location **201**). This breakdown allows the person viewing the report to determine which zones are having the most difficulty with handwashing compliance. Also shown in FIG. **11**, is the compliance for each zone along with the number of visitations to that zone during a specific time period. The department summary report also provides a breakdown for the groups within the report showing the individual groups compliance ratings. This breakdown allows quick identification of the contribution made by each group to the overall compliance rating.

FIG. **12** illustrates an example of a group summary report. The group summary report provides a summary of the compliance to handwashing guidelines for a specific group of

caregivers within the healthcare environment. The purpose of the report is to identify areas within the unit where the compliance is low so that corrective action may be taken within a specific group of caregivers. As can be seen from FIG. **12**, the visiting physician group summary report contains the department name and number, the time period of the report and the overall compliance rating of the report. The report breaks the department down into different locations or zones. This breakdown allows the person reviewing the report to determine which zones are having the most difficulty with handwashing compliance. The report also breaks down the group into the individuals within the group showing their identification number, name, number of visitations and the individual compliance. This allows identification of the contribution of each individual to the overall compliance rating of the group.

FIG. **13A** shows an individual summary report. The individual summary report provides a summary of the compliance to handwashing guidelines for a specific individual within a healthcare environment. The purpose of the report is to identify areas within the unit wherein an individual is having the most difficulty with compliance so that corrective action may be taken. As shown in FIG. **13A**, the individual summary report includes the identification number of the person, the name of the person, the department and group to which the person belongs, the time period for the report, and the compliance rating for the department. Also provided are the different locations or zones within the department with the number of visitations the particular individual made to those zones, and the individual's compliance rating during those visits.

FIG. **13B** shows a detailed compliance report for an individual. The detailed compliance report provides a summary of the compliance to handwashing guidelines for a specific individual over a specific time period within the healthcare environment. The purpose of the report is to understand traffic patterns of the individual so that greater insight as to why compliance is not occurring may be gained. As shown in FIG. **13B**, the identification number of the individual, the name of the individual, the department and group to which the individual belongs, the time period for which the report is being generated, and the compliance rating for the individual are shown. The lower portion of the report breaks down the locations or zones the individual visited along with the times of the visits and the status that was recorded by the handwashing monitoring logic.

FIG. **14** shows an exemplary user interface **500** of the hygiene monitoring system **100**. In the exemplary embodiment, the user interface was implemented as a MedModel application executing on the master station **129**. As is known to those skilled in the art, MedModel is a software tool of ProModel Corporation which is generally used for simulation modeling of healthcare facilities. As depicted, the user interface **500** generally includes a floor layout **502** and a scoreboard status **505**. The floor layout **502** generally depicts the zones and rooms **504** of the facility as well as handwashing devices **506**, equipment **508**, and persons **510**. In the exemplary embodiment, the zones and rooms **504** are color coded in order to enable a user to quickly identify the classification of the zones and the room **504**. Moreover, the handwashing devices **506** are depicted such that they blink if there is a problem associated with the handwashing device (e.g. out of soap). Moreover, equipment **508** and persons **510** are also color coded in order to depict their current status (e.g. contaminated, or not contaminated).

The scoreboard status **504** generally provides pseudo-realtime statistics and other information for the facility. For

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example, as depicted in FIG. 14, the scoreboard status 504 may provide a display of running compliance rates in regard to a defined handwashing policy for the facility. In particular, the scoreboard status 504 may be set to display overall and unit compliance ratings and contribution of sanitizer and handwashing events over the past hour, day, month and year.

The user interface 500 also enables a user to view or modify status details based upon a clearance level associated with the particular user. In the exemplary embodiment, a user may have a first clearance level, a second clearance level, or a third clearance level associated therewith. If a first clearance level is associated with the user, then the exemplary user interface 500 enables a user to select a given room 505 in order to view the classification of the room, status of sensors in the room, and overall compliance associated with the room. A user having a second clearance level may do all of the above with respect to rooms 505 plus the user may respond to maintenance alarms and change room classifications via the user interface 500. Further, a user having a third clearance level may do all of the above with respect to rooms 505 plus the user may reconfigure room layout and sink locations, reassign sensor classifications (e.g. associated with or not associated with a handwashing device), change color layout, view managerial reports such as running compliance rates and employee compliance rates.

If a user has the first clearance level, then that user may also select a sink 506 in order to obtain system status information for the sink, obtain a graphic display of soap level and scrub duration setting, obtain a graphic display of the unit use profile for the past day, month or year compared to the average and overall use of all other sinks, obtain information comparing completed versus failed controlled handwashing events for the sink, and obtain a graphical display of mechanical performance rating for the sink. If a user has the second or third clearance level, then that user may perform all of the above actions in regard to sinks 506 plus the user may respond to maintenance alarms associated with the sinks.

If a user has the first clearance level, then that user may also select a hand sanitizer 506 in order to obtain system status information for the hand sanitizer, obtain a graphic display of sanitizer level and scrub duration setting, obtain a graphic display of the unit use profile for the past day, month or year compared to the average and overall use of all other sinks, and obtain information comparing completed versus failed controlled handwashing events for the hand sanitizer, and obtain a graphical display of mechanical performance rating for the hand sanitizer. If a user has the second or third clearance level, then that user may perform all of the above actions in regard to hand sanitizers 506 plus the user may respond to maintenance alarms associated with the hand sanitizers.

If a user has the third clearance level, then that user may further select a person 510 to display the ID number of individual, obtain a graphical display of the individuals compliance and the individuals contribution of sanitizer and handwashing events for the past day, month or year compared to average and overall compliance rating, obtain distribution of infraction levels for the individual, and obtain an employee profile for the individual including name, number, title, unit etc.

If a user has the first clearance level, then that user may further select equipment 508 to display a description of the equipment, display the current status of the equipment, obtain a graphic display of the cleaning profile for the past day, month or year compared to average and overall cleaning of all other devices, and obtain a graphical display on overall compliance to cleaning for the equipment. If a user has the second clearance level, then that user may perform all of the above in

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regard to equipment 508 plus the user may respond to maintenance alarms associated with the equipment. If a user has the third clearance level, then that user may perform all of the above in regard to equipment 508 plus the user may reclassify the ID associated with the equipment.

It is within the scope of the present invention for the same overall system to be used for a multitude of applications. As already stated the system can be used to monitor handwashing compliance, monitoring device activity, equipment tracking, and visitor tracking. By utilizing the same backbone infrastructure the cost for the entire system is able to be spread across a multitude of applications. Additionally the cost of adding additional modules such as visitor tracking is minimal because the backbone infrastructure is already in place.

The invention claimed is:

1. A system comprising

locating and tracking equipment to track the whereabouts of caregivers in a healthcare facility, the locating and tracking equipment including a plurality of badges, each badge being transported by an associated caregiver in the healthcare facility, each badge being operable to emit badge information,

a plurality of handwashing equipment sensors, each handwashing equipment sensor of the plurality of handwashing equipment sensors being associated with respective handwashing equipment, each handwashing equipment sensor receiving the badge information emitted by each badge when the associated caregiver is near the handwashing equipment, and

at least one remote computer device that receives the badge information emitted from the plurality of badges, the badge information being sent by the plurality of handwashing equipment sensors for receipt by the remote computer device, the at least one remote computer device operating to determine compliance with a handwashing protocol of the healthcare facility based on processing of the badge information sent by the handwashing equipment sensors, the at least one remote computer device calculating statistics regarding compliance with the handwashing protocol for each of the caregivers transporting the badges, wherein each badge includes a first receiver to receive wireless signals, wherein the first receiver receives wireless signals of a type different than those that are emitted by the badge, and

a plurality of indicators, each indicator of the plurality of indicators being located in a respective room of the healthcare facility, each indicator being spaced from the plurality of badges and being operable to display textual messages regarding compliance with the handwashing protocol in response to at least one signal sent from the at least one remote computer device which is outside the respective room.

2. The system of claim 1, wherein the handwashing protocol comprises caregivers washing their hands within a threshold amount of time after the locating and tracking equipment detects presence of the caregiver in a patient room.

3. The system of claim 2, wherein the handwashing protocol comprises caregivers washing their hands within a threshold amount of time after the locating and tracking equipment detects that the caregiver has exited the patient room.

4. The system of claim 1, wherein the handwashing protocol comprises caregivers washing their hands within a threshold amount of time after the locating and tracking equipment detects that the caregiver has exited a patient room.

5. The system of claim 1, wherein each badge emits radio frequency (RF) signals.

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6. The system of claim 1, wherein each badge emits infrared (IR) signals.

7. The system of claim 1, wherein each badge emits radio frequency (RF) signals and infrared (IR) signals.

8. The system of claim 1, wherein the handwashing equipment comprises one or more handwashing agents dispensers.

9. The system of claim 8, wherein the handwashing agents include soap, alcohol or gel.

10. The system of claim 1, wherein at least some of the plurality of handwashing equipment sensors is coupled to the at least one remote computer device via a hardwired connection.

11. The system of claim 1, further comprising a plurality of alert indicators that remind associated caregivers to wash their hands.

12. The system of claim 11, wherein each alert indicator of the plurality of alert indicators is incorporated into a respective badge of the plurality of badges.

13. The system of claim 11, wherein each alert indicator is located in a respective room of a plurality of patient rooms.

14. The system of claim 11, wherein each alert indicator of the plurality of alert indicators is signaled by the at least one remote computer device to activate when a handwashing condition exists for the associated caregiver.

15. The system of claim 11, wherein the plurality of alert indicators comprise lights.

16. The system of claim 11, wherein the plurality of alert indicators comprise audible indicators.

17. The system of claim 11, wherein the plurality of alert indicators comprise tactile indicators.

18. The system of claim 1, wherein the locating and tracking equipment includes a plurality of infrared communication units, each infrared communication unit being located in a respective patient room of the healthcare facility, each infrared communication unit being associated with the respective patient room in a database of the at least one remote computer device, and each infrared communication unit communicating wirelessly with each of the plurality of badges that are located in the associated patient room.

19. The system of claim 1, wherein the remote computer device receives maintenance information relating to the handwashing equipment.

20. The system of claim 19, wherein the maintenance information includes information indicating that a dispenser is low on a cleaning agent.

21. A system comprising locating and tracking equipment to track the whereabouts of caregivers in a healthcare facility, the locating and

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tracking equipment including a plurality of badges, each badge being transported by an associated caregiver in the healthcare facility, each badge being operable to emit badge information, each badge including a first receiver to receive wireless signals, the first receiver receiving wireless signals of a type different than those that are emitted by the badge,

a plurality of handwashing equipment sensors, each handwashing equipment sensor of the plurality of handwashing equipment sensors being associated with respective handwashing equipment, each handwashing equipment sensor receiving the badge information emitted by each badge when the associated caregiver is near the handwashing equipment,

at least one remote computer device that receives the badge information emitted from the plurality of badges, the badge information being sent by the plurality of handwashing equipment sensors for receipt by the remote computer device, the at least one remote computer device operating to determine compliance with a handwashing protocol of the healthcare facility based on processing of the badge information sent by the handwashing equipment sensors, and

a plurality of indicators, each indicator of the plurality of indicators being located in a respective room of the healthcare facility, each indicator being spaced from the plurality of badges and being operable to display textual messages regarding compliance with the handwashing protocol in response to at least one signal sent from the at least one remote computer device which is outside the respective room.

22. The system of claim 1, wherein the plurality of indicators are each located on a respective patient bed of a plurality of patient beds.

23. The system of claim 1, wherein the plurality of indicators are each located on a wall of the respective room.

24. The system of claim 1, wherein the plurality of indicators are incorporated into a respective lighting fixture of a plurality of lighting fixtures.

25. The system of claim 21, wherein the plurality of indicators are each located on a respective patient bed of a plurality of patient beds.

26. The system of claim 21, wherein the plurality of indicators are each located on a wall of the respective room.

27. The system of claim 21, wherein the plurality of indicators are incorporated into a respective lighting fixture of a plurality of lighting fixtures.

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